

**-2024-25 APPLICATION-**

**Environmental Education  
Field Trip Fund**



For office use only. Date Received: \_\_\_\_\_

(Please Print Clearly)

Applicant Name: \_\_\_\_\_

Applicant Position: \_\_\_\_\_

School Name: \_\_\_\_\_

School District Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

Does more than 40% of the school receive free and reduced lunch?      NO      YES

Expected number of students: \_\_\_\_\_ Grade(s)/class(es): \_\_\_\_\_

Method of transportation: \_\_\_\_\_ Transportation Company: \_\_\_\_\_

Estimated miles round trip: \_\_\_\_\_ Estimated total cost of transportation: \_\_\_\_\_

**Total funds requested** [Program Fees (\$3/child) + Transportation Fees]: \_\_\_\_\_

What science or other educational goals will be addressed by this field trip? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe how this field trip will connect to your in-class instructional goals, including any pre- and post- field trip activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Reverse

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I, the undersigned, approve the submission of this application and the implementation of the field trip herein described. All signatures are required for the application to be considered for funding.

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Signature of Applicant

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Date

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Signature of Authorized School Administrator

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Date

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Printed Name & Title of Authorized Administrator

**Applications will be accepted through May 31, 2025 for consideration during the 2024-25 school year. Funds will be awarded on a first request, first-served basis for eligible applications.**

**Mail or email your completed application to the information below.**

Allie Combs  
Holliday Park & Nature Center  
6363 Spring Mill Road  
Indianapolis, IN 46260  
Phone: 317-327-7180  
[allie.combs@indy.gov](mailto:allie.combs@indy.gov)