

Pfizer Transportation Scholarship

Application Form

Name of School _____

Grade Level _____

Street Address _____

Number of Students _____

Area Code/Phone Number _____

Number of Teachers _____

Fax Number _____

Number of Leaders _____

We require 1 adult for every 10 students

Email _____

% of Students Receiving

Free/Reduced Lunches _____

Teacher Name _____

Applying for:

Date of Visit _____

Transportation Scholarship Number of Buses Required _____

Arrival Time _____

Applied for a previous scholarship: Yes No

In order to process your application, you must provide us with your field trip confirmation number.

Visiting (one venue only) :

Henry Ford Museum® Greenfield Village®

Ford Rouge Factory Tour IMAX® Theatre

Field Trip Reservation Confirmation #

How did you learn about the Pfizer Transportation Scholarship Program?

Please include a letter of support from your principal with the completed application form and mail or fax to:

Website Teacher Event Call Center Staff

Email Announcement

Janice Piwok

Senior Administration Manager
Village and Museum Administration

Other _____

The Henry Ford

20900 Oakwood Boulevard
Dearborn, MI 48124
Fax Number: 313.982.6223

Date of Last Visit to **The Henry Ford** (mm/yy) _____

For Call Center Use Only

Date Received _____ Date of Visit _____ Budget # to be charged _____