Space Center Houston 2013-2014 School Visit Sponsorship Application

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	Office	Use only	
pproval:			

FAX this form: 281-283-7724 **EMAIL:** nbille@spacecenter.org

MAIL: 1601 NASA Parkway Houston, TX 77058

Initials: _____ Date: ____ Tickets Approved: _____ Comps __

DATE OF PROPOSED TRIP				
SCHOOL GROUP NAME		DISTRICT		
ADDRESS	CITY	STATE	ZIP	
SCHOOL PHONE NUMBER	ALTERNATE NUMBER	SCHOO	SCHOOL FAX NUMBER	
COORDINATING TEACHER	GRADE LEVEL	Т	EACHER EMAIL	
ESTIMATED TIME OF ARRIVAL		ESTIMATED TIME	OF DEPARTURE	
*NUMBER OF TOTAL ADULTS (chaperones and teachers):			
*NUMBER OF TOTAL STUDENT	S: Inter	ested in ordering m	eal deal 🔲	
Discounts are available to acce September 1, 2013 through Ma	•	•		

Receive 1 complimentary ticket for every 15 tickets purchased!

In order to consider your application, please answer the following statements on a *separate* sheet of paper. Your answers must be typed and numbered. Please reply to each.

1. Please offer statistics on what qualifies your school as Title 1.

above your initial amount requested the price per ticket will be \$10.95.

- 2. How do you use Space Science in your classroom?
- 3. How would a visit to Space Center Houston enhance your classroom instruction?
- 4. Explain any attempts to get local companies or community organizations to help underwrite your trip. Also include all descriptions of any expenses that are being paid for by an outside source (ie. buses, meals, etc.).
- 5. Provide a copy of your school's grant award letter, eGrants documentation, or other official TEA documentation indicating current Title 1 status.
- 6. Have your principal's signature on the proposal.

Please return this form along with your *typed* responses to the address/email/fax listed above at least two weeks prior to the proposed trip date.

You will be contacted once your application has been reviewed.