



BATTLESHIP MISSOURI MEMORIAL

School Grant Fund Application

Please complete this request form and return to us via fax at (808) 455-1598 or email education@ussmissouri.org.

Contact Person Information

School/Group Information

Name _____ School/Organization _____

Grade Level/Class _____ Address _____

Telephone (Work/Cell) _____ City _____ State _____ Zip _____

Preferred method of contact _____ Telephone _____

Program attending:

- Battleship Educational Experience
- Overnight Encampment
- Mighty Mo Robotics
- Journey with the Stars
- Other _____

_____ Email _____

_____ Fax _____

Our school/organization has _____% of students on federal free and reduced lunch programs.

Date of visit: _____

_____ Contact Signature _____

_____ Principal/Director Signature _____

_____ Title _____

_____ Title _____

_____ Date _____

_____ Date _____

Do not write in this area: For Battleship Missouri Education Department use only.

Date of visit: _____ Total Cost of Program: \$ _____

Date Funding Confirmed: _____ Grant Amount Awarded: \$ _____

Program attending: _____ School/Organization Cost: \$ _____

Confirmation #: _____

Approval of Battleship Missouri Education Director: _____