

RECIPIENT INFORMATION

School/Organization:			
FEIN#:	Website:		
County:			
Address:			
City, State, Zip:		Title:	
Requestors' Name: E-mail Address:		Title: Phone:	
Project SAIL (Sponsored of economic status, have a funds must qualify as a Tir Please complete the section. The school applying is a Percentage of low-incom. Type of Field Trip: Total Number of Studen. Total Number of Chaper.	an opportunity to participate in the 1 school in the state of Missi on below and submit to donation Title 1 school? The students (50% and above) Self-Guided Tickets Requested: Trone Tickets Requested:	l Learning) is an initiati the Aquarium's onsite e ssippi with a low-incom	
Date of Visit - 1st Choice	e:		
Date of Visit - 2nd Choic	e:		
Date of Visit - 3rd Choice	e:		
If awarded these funds a Transportation Details: Total Miles (Roundtrip):	are you able to provide Trans	portation? v many buses?	YES NO
By signing below I confirm the Signature of Requestor Printed Name of Requestor	at the information submitted is true	e and accurate. Date	
FOR INTERNAL USE ONLY SAIL Rating: Date Ro	cvd: Approved:	Amount:	