



Card Wildlife Education Center  
2004 Arts & Sciences Common  
Ferris State University  
Big Rapids, MI 49307  
231-591-5387  
CardEducationCenter@ferris.edu

TRAVEL FUND APPLICATION

Please, apply for a grant to cover the cost of transporting students to a tour of the Card Wildlife Education Center. Complete the following form and submit to the above address:

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

Name of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age range and/or grade level of participating students: \_\_\_\_\_

Number of participating students (no more than 40 students can fit into the CWC at one time): \_\_\_\_\_

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Number of buses needed to transport them to the CWC: \_\_\_\_\_

School Motor Pool Information

Name of Motor Pool Contact: \_\_\_\_\_

Motor Pool Phone: \_\_\_\_\_

What is your Motor Pool's formula for determining travel costs: \_\_\_\_\_

Using that formula for determining travel costs? \_\_\_\_\_

Using that formula, what is the estimated cost for a trip to Card Wildlife Education Center from your school?

\_\_\_\_\_

Distance from school to Card Wildlife Education Center: \_\_\_\_\_

Preferred date/time of travel? \_\_\_\_\_

Have you visited the Card Wildlife Education Center before (will not affect grant)? \_\_\_\_\_

Please submit the completed form at least two weeks in advance of the scheduled tour. If possible, bring an invoice of expenses to the tour or no later than 30 days from visit. The number of grants will be dependent on the number of applicants. Submitting this form does not guarantee the award. Recipients will be notified as soon as the determination is made.

By signing below, I affirm that I understand the stipulations above and I confirm our interest in participating.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_