



**MATTINA PROCTOR SEACOAST EXPLORERS FUND
FINANCIAL AID APPLICATION FOR WELLS RESERVE FIELD TRIPS**

School: _____

Teacher/Contact: _____

Mailing Address: _____

Phone Number: _____

Age/Grade of Students: _____

Program: Exploring Estuaries Microscopic Marvels Self Guided Other _____

Date of Scheduled Program: _____

Type of School: Public Private

How does this field trip fit with your curriculum? _____

Why are you applying for financial aid? _____

_____ Cost of Program (number of students x cost per student)

_____ Cost of Transportation

_____ Other Costs (substitute teachers, etc. – please explain) _____

_____ Total Cost of Trip

_____ Amount Requested

Please mail or fax completed applications to:

Suzanne Kahn Eder
Wells National Estuarine Research Reserve
342 Laudholm Farm Rd.
Wells, ME 04090
Phone: (207) 646-1555 x 116
Fax: (207) 646-2930

I understand that if my school is approved for financial aid, the award check will be sent directly to the school. I agree that upon receipt of this award, my school will then send payment for the program costs to the Wells Reserve.

Signature of Applicant Date

Signature of Principal or Administrator Date