



wellsreserve
at laudholm

Wells National Estuarine
Research Reserve

FINANCIAL AID APPLICATION FOR WELLS RESERVE AT LAUDHOLM FIELD TRIPS

School: _____

Teacher/Contact: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Age/Grade of Students: _____

Program: Wild Friends in Wild Places Exploring Estuaries Microscopic Marvels Self Guided
 Other _____

Date of Scheduled Program: _____

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 email or fax completed applications to:

Suzanne Kahn, Education Director

Email: suzanne@wellsnerr.org

Phone: (207) 646-1555 x 116

Fax: (207) 646-2930