



Charles M. Schulz Museum

Fee Assistance Application Form

Please return **THREE WEEKS** before the date of the requested field trip.

The Charles M. Schulz Museum/ Education Director

2301 Hardies Lane Santa Rosa, CA 95403

Phone: (707) 579-4452 ~ Fax: (707) 579-4436 www.SchulzMuseum.org

Group Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

Email: _____

Date/Time Desired: _____

Alternate Dates/Times: _____

- Requested Tour Topic: **Who is Snoopy?** - Pre-K -2nd Grade
 Local Hero- 2nd-4th Grade
 The Art of Cartooning - 2nd Grade and Above
 The Art of the Story - 3rd Grade and Above
 Character Creation - 6th Grade and Above
 Classroom Cartooning

Number of students (there is a 10 student minimum): _____

Amount of Fee Assistance Requested: ___100% ___50% ___25% ___Other:_____

The Schulz Museum awards fee assistance on the basis of need. In the space provided (or on another page) please explain your reason for requesting fee assistance:

I, the undersigned, certify that, to the best of my knowledge, the information presented in this application is complete and true.

Signature: _____

Print Name: _____ Date: _____

<i>Office Use Only</i>	
Approved at _____%	Amount Due _____
Confirmation # _____	