



*Where the Story  
of American Agriculture  
Comes to Life.*

Silos & Smokestacks National Heritage Area  
Bus Grant Application  
<http://www.silosandsmokestacks.org/educate/bus-grants/>

## GENERAL INFORMATION

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School Name:

Level of School (circle one): Elementary    Middle /Jr. High    Secondary    K-12    PreK

School Address:

City/State/Zip:

Phone:

Fax:

### Contact Person

First Name:

Last Name:

Job Title:

Email Address:

How did you hear about the SSNHA Bus Grants?  Newsletter     Website     Workshop     Other

Would you like to receive the SSNHA Education e-News that features new programs in the Heritage Area?     Yes     No

## FIELD STUDY INFORMATION

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Name of field study trip or unit of study:

Field study trip destination (*must be a SSNHA partner site or farm located with SSNHA*):

Field study trip date:

Agriculture Field Study Subject:

# of students participating:

# of staff/volunteers participating:

**Field Study Description:** Including objectives and how students will benefit from the proposed field study.

**Agricultural Aspect:** Describe what part of the American agricultural story the class will learn about; The Fertile Land(prairies & wetlands), Farmers and Their Families(pioneers, Iowa History), The Changing Farm(corn to grapes), Higher Yields(farm & factory visits), and Farm to Factory(mills and river transportation).

**Curricular Ties:** Describe how the field study fits with the class curriculum, a pre-site visit activity, and a post-site activity or evaluation used to judge student learning.

## **USE OF FUNDS**

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**Transportation costs may include time, miles, driver wages, and/or fuel costs. You must attach a written cost estimate of transportation expenses.** *(Please indicate if there is more than one bus.)*

Note: This estimate should be obtained from an authorized individual of the district's transportation department or from the contracted transportation department for the school district.

**Total expected transportation cost:**

**Amount requested from Silos & Smokestacks *(must not exceed \$350)*:**

**Where you plan to request 25% match:**

## **VERIFICATION & CERTIFICATION**

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*The following school administrator (principal or superintendent) is aware and supports this application for a SSNHLA Bus Grant. If I am selected to receive a grant, this individual is prepared to provide verification of my eligibility and need for the grant.*

**Principal or Superintendent's Name *(please print)*:**

**School Name:**

**Phone:**

**Email Address:**

**Principal or Superintendent's Signature:**

*Please read the following and sign below. Your signature certifies that you agree to the terms stated below.*

*If selected to receive a SSNHLA Bus Grant, I will be willing to complete and return a follow-up survey that will allow you to comment on the process of the SSNHLA Bus Grants. I certify that the information in this application is correct to the best of my knowledge. I understand that the SSNHLA Bus Grant must be used to cover transportation costs only. If I am selected to be a recipient, I give permission to SSNHLA to use my name and information regarding the field study for publicity purposes.*

**Applicant's signature:**

**Date:**

