



Please complete the following form and submit all requested information. You will be notified by email if you are granted a scholarship for the program.

***This completed application does not guarantee a scholarship for your school.**

Contact Name: _____ Position/Title: _____

Contact Phone Number: _____ Contact Email: _____

School Name: _____ Date of Visit: _____

School District: _____

School Address: _____

School Phone Number: _____

Type of School: private public charter other: _____

Are you a Title 1 School? Yes No

What % of the students attending your school are eligible for a free or reduced lunch? _____

How many students will be in your group? _____

How many groups are you registering? _____

Type of Visit: Virtual On-site

As the group leader, briefly describe your group's need for a scholarship (100 words or less).

Please return this form and all attachments to the email listed below:

Discovery Center
805-577-4160
academy@reaganfoundation.org