



# Admission Assistance Funds Request Form

Office Use Only  
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Some Admission Assistance Funds are available to help pay for a school's visit to Sci-Port: Louisiana's Science Center. To qualify, schools must be either a Caddo Parish school or a Louisiana Title 1 school. Funds are limited and available on a first-come, first served basis for eligible schools. The date of the school's visit to Sci-Port must occur within 60 days of the school's request for funds. Therefore, schools interested in financial assistance should request funds and plan their visit early in the school year.

To request admissions assistance, please **complete all fields and return this form** to Sci-Port's Visitor Services by fax to (318) 222-5592 or by mail to 820 Clyde Fant Parkway, Shreveport, Louisiana 71101. Once the form has been received and processed, a visitor services representative will call to confirm the group's visit or advise if funds are not sufficient to meet the request.

**Organization Name:** \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Type Group: (check all that apply)

Caddo Parish school  Louisiana Title 1 School

Group unable to pay full amount of admission because: \_\_\_\_\_

Organization Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Mailing Address (if different from above): \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Requested Date of Visit: (must be within 60 days of today's date): \_\_\_\_\_

Number in Group: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_ Amount of Funds Requested: \$ \_\_\_\_\_

*Since funds are limited, schools are requested to ask only for the amount of funds that they are unable to secure from other sources. Sci-Port also suggests that chaperones pay for their own admission to keep funds available for more students.*

*I agree that if my school receives Admissions Assistance funds, I will fill out the questionnaire provided by Sci-Port. I understand that this is a requirement and that failure to do so may impact the ability of my school to receive Admissions Assistance in the future. (This feedback helps Sci-Port provide quality programs, exhibits and IMAX films for your students and is often required by many grantors who help us to provide these experiences for your classroom!)*

**Signature:** \_\_\_\_\_ **Your Title:** \_\_\_\_\_

Office Use Only:  
Signature of Approval: \_\_\_\_\_ Visitor Services  
Signature of Approval: \_\_\_\_\_ Accounting