



321 Harborside Blvd \* Providence, RI \* (P) 401-461-4224 \* (F)401-461-4222



## Statement of Need

Education in Action is committed to providing hands-on learning experiences to all students. If you would like to participate in our programming but need financial assistance, please fill out this application. We will contact you with the results and the amount of the allocation, if applicable. Parties are responsible for the balance of program fees above the awarded amount.

School Name: \_\_\_\_\_ LeadTeacher/Principal: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of students: \_\_\_\_\_ Date of Attendance: \_\_\_\_\_

Total Cost of Exchange City Program: \_\_\_\_\_ Transportation Cost: \_\_\_\_\_

Amount of Assistance Requested: \_\_\_\_\_

What is the maximum amount you can provide *per student*? \_\_\_\_\_

Please explain your school or organization's current financial situation:

Please describe any fundraising activities that you have planned:

Turn Over →

Please list all funds available to you for participation in Exchange City:

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

---

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax completed form to:



321 Harborside Blvd  
Providence, RI 02905

**Fax: 401-461-4222**

**or call 401-461-4224 with Questions!**