



Minsky Fieldtrip Fund for the Hudson Museum

Teacher's Name: _____

School Name: _____

Mailing Address: _____

County: _____

Teacher's Email Address: _____

School Phone Number: _____

Teacher Information

Subject Taught: _____

Grade Level: _____

Number of Students and Chaperones participating in the fieldtrip: _____

Proposed Date of Fieldtrip: _____

Have you or your students visited the Hudson Museum before? **Y** or **N**

How will this fieldtrip be integrated into classroom learning, and why is a visit to the Hudson Museum important to you and your students?

Form may be returned:

By Mail:

Hudson Museum
5746 Collins Center for the Arts
University of Maine
Orono, ME 04469

By Email: um.hudsonmuseum@maine.edu

Grant Recipient must submit a W9 form to receive a reimbursement check.