



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 FAX: 581-1950

BY EMAIL: um.hudsonmuseum@maine.edu

GRANT RECIPIENT WILL BE REQUIRED TO SUBMIT A W9 FORM IN ORDER
TO RECEIVE A REIMBURSEMENT CHECK.