



Access Aquarium Grant Application Information

Who qualifies for the Access Aquarium Grant?

Groups of an academic nature from Title I schools, Virginia Preschool Initiative programs, and Head Start programs in Virginia qualify to apply. Additionally, Virginia schools with a federal free or reduced lunch percentage of at least 50% are eligible to apply, regardless of Title I status.

Access Aquarium funding is NOT for siblings, family members or friends of approved students or chaperones.

What activities does Access Aquarium support?

Funds can be used to cover half of the cost of admission to the Virginia Aquarium, Onsite School Programs, and Outreach Programs. Funds are NOT available for movies, overnight program, or boat trips.

How often should we submit an application?

All applicants must submit a new (current year) application for each school year as requirements may change.

Incomplete applications will not be processed.

How do I apply?

- Complete the application (**Parts I and II**) and submit via fax, email, or U.S.P.S. mail. Funding is not guaranteed, and it is provided on a first come, first served basis. It is recommended to submit your application early, as some groups will be placed on a waiting list if funds are not readily available.
- A confirmation email will be sent once your application is received and processed. This may take up to 2 weeks.
- Please keep in mind that standards-based Onsite and Outreach programs must be booked a minimum of 1 month in advance, although booking further out is encouraged to ensure availability.
- Approved groups will be contacted by Virginia Aquarium staff to schedule their visit or program. Groups will have **30 days** to schedule their visit or program. Approved groups who have not finalized bookings within 30 days will forfeit their funding for the year.

Access Aquarium Application Checklist:

- Part I. Applicant Information** – Must be filled out **completely**, including a **signature from Principal/ Organization Supervisor**.
- Part II. Request Letter on School/Organization Letterhead**

Request Letter must include:

- Explanation of underserved status:
 - Demographic description of the group (i.e. financial, special needs, physical, mental or ESL)
 - Educational rationale-How will a visit to the Virginia Aquarium & Marine Science Center meet special learning requirements and/or specific Virginia SOLs and curriculum being studied at the time of your visit/program?
- Signature of School Principal or Organization Supervisor (**Applications must have the same signature on Part I**)

Signatures of teachers or handwritten letters will not be accepted.

Please submit completed applications via U.S.P.S. mail or fax to:

Virginia Aquarium & Marine Science Center
ATTN: Education Programs Clerk
717 General Booth Blvd.
Virginia Beach, VA 23451

FAX: 757-437-4976

EMAIL: programs@virginiaaquarium.com



Education Office Use Only		Guest Services
Date Received: _____	<input type="checkbox"/> Approved Initials: _____ Date: _____	Contact Date: _____
Total Students/Clients: _____	Total Chaperones: _____	Schedule Date: _____
Special Instructions: _____		#Children: _____
		#Chaperones: _____
		# Extra: _____
		Visit Date: _____

Access Aquarium Grant Application 2019-2020

Part I. Applicant Information - Please type or clearly print. **Incomplete applications will not be processed.**

Today's Date: _____ Contact's Name: _____

Name of School/Organization: _____

Physical Address: _____

Primary Phone: _____ Secondary Phone: _____ Fax: _____

E-mail Address(es): _____

Percentage of Free/Reduced Lunch: _____ Grade Level(s) or Ages of students: _____

Title I School Virginia Preschool Initiative Head Start

Group is requesting funding (select one):

Aquarium Visit Only Aquarium Visit & Onsite Program Outreach Program Adventure Park

TOTAL number of:

- Students or Clients _____
- # Teacher(s) _____ # Chaperones* _____

*Chaperone Ratio: Pre K (1:5); 1st – 12th (1:10); Special Needs (1:1)

The financial assistance will be provided for an **exact** number of students/clients and chaperones, which does not include family or friends. **Any additional attendees will be required to pay full price.**

Principal's/Organization Supervisor's Signature (APPLICATIONS WILL NOT BE PROCESSED UNLESS SIGNED)

Printed Name: _____ Signature: _____

Principal's/Supervisor's Phone Number _____

***Please refer to the page 1 for information on request letter on school/organization letterhead as a requirement in addition to the complete application.**

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