

Antietam National Battlefield Fee Waiver Application

National Park Service

U.S. Department of the Interior

Antietam National Battlefield

P.O. Box 158

Sharpsburg, MD 21782

301 432-5124 phone

301 432-4115 fax

**Date of Scheduled Visit**:
School/Group Name in Full:

Contact Name:

Address:
City/State/Zip/County:
Phone/ Cell(optional)/ Fax Number:

Email:
Name of Tour Agency (if applicable):
Approx. Time of Arrival:

Number of Students:
Number of teachers and chaperones:

Park areas/facilities you plan to visit:

Do you have a ranger program scheduled? If yes, what program/what time?

 *(For more information programs, see the “For Teachers” section of our website)*

There are three criteria that a group must meet to qualify for an academic fee waiver: 1) eligibility, 2) purpose, and 3) relevance.

**1. Eligibility:** Applicants must represent a bona fide academic institution that meets at least one of the following criteria:

 -Educational tax-exemption from the IRS or the applicant’s national, state, or

 local tax authority

 -Accreditation from a recognized national, regional, state, or local authority

 (This includes home schools, as long as they meet their specific state criteria)

 -Official, organized U.S. military or military education group

\*Please explain how you meet the eligibility criteria:

*(ex. – As a public school system in the state of XX, we qualify for tax exempt status, #xxxxx)*

**2. Educational Purpose of the Visit:** Applicants must confirm that the visit supports a specific curriculum or course for which academic credit is offered; and

**3. Relevance of Park Resources or Facilities:** Park resources and/or facilities that will be used must support the educational purpose of the visit.

\*Please explain how you meet these criteria:

*(ex. – Our 9th grade American History class is studying Civil War battles, and touring the battlefield would help the students better understand the role the landscape played in military strategy.)*

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Signature/Title/Date

FEE WAIVER APPROVED \_\_\_\_\_\_\_(Must be signed by NPS personnel to be valid)

FEE WAIVER DENIED \_\_\_\_\_\_\_\_ (See attached)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Superintendent

Signature/Date