



**Picatinny STEM Education Office**

**Request for Educational Outreach Support**

**Indicate type of support requested:**

**Classroom Visit**

**Field Trip**

**Team Sponsorship**

**School / Organization:**

Public

Private

Community Organization

**Education Level:**

Elementary

Middle

High School

College

**School / Organization Name:**

**School Address:**

**School District:**

**Administrator's Name:**

**Administrator's Email:**

**School Point of  
Contact (POC) Name:**

**School Point of  
Contact (POC) Email:**



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**Request for Educational Outreach Support**

**Indicate type of support requested:**

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**Approximate Number  
of Students Involved:**

**Grade/Ability level(s):**

**Date and Time of Requested Activity:**

**\* Please provide details of the program / assistance you are requesting. Indicate how a Picatinny partnership will be a mutual advantage.**

(Optional) Names of Picatinny employees with knowledge of this school and recommending support.