



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

Antietam National Battlefield Fee Waiver Application

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.)

Signature/Title/Date

Any Additional Comments:

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

FEE WAIVER DENIED _____ (See attached)

Superintendent
Signature/Date