

Collegiate *Parents & Friends'* Association

REQUEST FOR FUNDING SUPPORT

This form can be completed by a Student, Teacher, Head of School, Head of Faculty, Deputy Principal, Principal or member of the P & F.

Applicant's name _____

Details of request _____

Amount sought: \$_____ Is this a student led initiative? Yes/No

If yes, please provide further details _____

If a student led initiative, please include teacher/Head of School endorsement

Name/Position _____ Signature _____

Who will benefit from this request?

Whole of School One Campus If yes, please state Campus _____

One Faculty If yes, please state Faculty _____

Has any other fundraising been undertaken in support of this request? Yes/No

If yes, provide details _____

Optional - provide any other details that you think will support your request for funding support

School Management Support

Name _____ Signature _____

Outcome of Parents and Friends' Decision

Parents and Friends' Support

Treasurer Name _____ Signature _____

President Name _____ Signature _____

Date of meeting (if applicable) _____

Applicant notified Date _____