

## CONCORD HIGH SCHOOL P & C ASSOCIATION REQUEST FOR FUNDING

Date				
Name & Position/role of Applicant				
Contact information (phone/email address)				
Please detail the initiative you would like funded (supporting information can be attached)				
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If your funding application is	approved, what are the ex	pected benefit/outcomes to	the school and students?	



What students will benefit if this initiative is approved? Please provide numbers, year group, and any other information to support your request					
Amount requested	\$				
If applicable, please provide a breakdown of costs					
Please attach the documentation required to substantiate the amount requested: Funding requests under \$2,000: A minimum of one quote by phone, in-store, catalogue or online					
	,000 - \$20,000: A minimum of t 100: A minimum of three writte	•			
Principal Support:					
	d by the Principal before submi	tting to the President, P&C Associ	ciation		
Name	Signature	Date			
Applicant Signature:		Date			