BROOKS SECONDARY SCHOOL PARENT ADVISORY COUNCIL (BPAC)

APPLICATION FOR FUNDING AND SUPPORT

|  |  |  |
| --- | --- | --- |
| Date Submitted: |  |  |
|  |
| Parent /Staff Sponsor Name: |  |
|  |
| Parent / Staff Contact Information: |
| Telephone: |  |
| Email: |  |
| Address: |  |
|  |
| Group or Department Name: |  |
|  |
| Detailed Description of Request: |  |
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| *Please attach supporting diagrams or additional pages if required.* |
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| Date of Event: |  |  |
| Number of Students that will benefit directly from request: |  |
|  |
| Dollar Amount Requested: | $ | Or Type of Support Requested: |
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