BROOKS SECONDARY SCHOOL PARENT ADVISORY COUNCIL (BPAC)

APPLICATION FOR FUNDING AND SUPPORT

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| Date Submitted: | | |  | | | |  | | |
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| Parent /Staff Sponsor Name: | | | | |  | | | | |
|  | | | | | | | | | |
| Parent / Staff Contact Information: | | | | | | | | | |
| Telephone: |  | | | | | | | | |
| Email: |  | | | | | | | | |
| Address: |  | | | | | | | | |
|  | | | | | | | | | |
| Group or Department Name: | | | | | |  | | | |
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| 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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