



FUNDING APPLICATION

Date:
Applicant Name:
Job Title:
Contact Tel:
Email Address:
Purpose of which assistance is required (e.g. trip/equipment etc.):
Proposed Benefit:
Applicant Signature:

All or part financial assistance to be approved by the majority agreement of parent council members

Signed: _____ Date: _____
Chair/Vice Chair

Signed: _____ Date: _____
Treasurer

Signed: _____ Date: _____
Parent Council member witness