

President - Barb Blasutti

Vice-President - Maria Bouwmeester

STUDENT ASSISTANCE

APPLICATION FORM

NAME OF SCHOOL _____ DATE _____

NAME OF MEMBER MAKING REQUEST _____

CIRCUMSTANCES OF NEED _____

ITEMS REQUIRED _____

APPROXIMATE COST \$ _____

AMOUNT REQUESTED \$ _____ (MAXIMUM \$100)

***PLEASE SEEK PERMISSION FROM PARENT/GUARDIAN
BEFORE SUBMITTING THIS REQUEST***

FOR OFFICE USE ONLY

DATE RECEIVED _____

AMOUNT APPROVED _____

SIGNATURE OF PRESIDENT _____

DATE _____

***PLEASE FAX THIS FORM TO (705) 522-4452
OR SEND THROUGH THE BOARD MAIL TO THE ETFO RAINBOW LOCAL OFFICE***