

Office Use Only				
Application Approved:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Amount of Award:				
Date Paid:				
Cheque Number:				

INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION

APPLICATION FOR FINANCIAL SUPPORT: SPECIAL PROJECT

Please complete **all** sections of the application with **typed** information.

Return completed application to:

Interprovincial School Development Association
5940 South Street
Halifax, NS B3H 1S6

Name(s) of Individual(s)/Group(s) Involved (Please type all information.)

Name _____

Address _____

E-Mail Address _____

Telephone _____

Age (if under 21) _____

Description of Activity (*i.e., specific programming plans, timeline, schedule, etc.*)

Estimated Cost (*please itemize*)

Amounts Contributed by Individual(s)/Group(s)

Other Sources of Funding Explored and Received *(attach correspondence indicating requests for funding)*

Please explain the benefits of this project.

Additional Information.

If applying on behalf of a child/family, our total household income in each of the past two years has, on average, been:

under \$40,000 per year

\$40,000 - \$75,000 per year

over \$75,000

I agree that, upon request, I will provide satisfactory copies of financial documents (such as a copy of a completed income tax form) confirming the information contained in this application.

I confirm that, without support available through this application, it will likely not be possible for the individual/group to participate in the identified activity.

Please make cheque payable to:

Name:

Address:

I hereby certify that the information on this application is, to the best of my knowledge, true and complete.

Signature: _____ Date: _____

(If signing on behalf of a student or project, please note the relationship to the student/project.)