



File DP-E

PORTAGE LA PRAIRIE SCHOOL DIVISION
FINANCIAL SUPPORT FOR SPECIAL STUDENT ACTIVITIES APPLICATION

Student's name _____ Phone _____

Address _____

School _____ Grade _____

Program description - (attach brochures, etc.) _____

Reason for interest in the program _____

Location _____ Date _____

Anticipated costs - tuition/registration _____

accommodation _____

travel _____

meals _____

other _____

TOTAL _____

Financial support to be provided by student and/or family _____

Financial support to be provided by others _____

Financial support requested from the School Division _____
