

APPLICATION FOR FUNDING – GENERAL REQUESTS

Date: _____ **School/Dept.** _____

Enrolment (FTE) _____

Requested by: _____

Position: _____

Telephone: _____

Email: _____

Amount Requested: _____ **N.B. The maximum allocation is \$500.00/school year.**

Have other sources of funding been investigated? Yes _____ **No** _____

If “no” - please explain: _____

If “yes” – specify amount: _____

Source: _____

Have funds been approved? _____ **Comment:** _____

Please provide a brief description of the project, indicating how the money will be used and how the request is consistent with The Angel Foundation for Learning priorities. Attach an additional sheet if necessary:

Projected date(s) of excursion/program: _____

Please submit in advance to: The Angel Foundation for Learning, at the CEC, Attention: Sara Camilleri

Signature(s):

Originator: _____

Title: _____

Principal/Superordinate: _____

Date: _____