

ECM PAC FUNDING REQUEST FORM
For Parents/Guardians and Staff
2013/2014

Requestor's Name: (print)

Email/ Phone:

Date Needed By: _____

Please complete the information below. Attach another page if you need more space.

1. Description:

2. Amount Requested: _____ (include a breakdown if possible)

3. How will students benefit? (E.g. Curriculum Enhancement? Connection to School Growth Plan? Social or physical benefits?) **How many and which students will benefit?** Please be as specific as possible.

4. Please verify with the principal that this activity is sanctioned and safe for our children and that no normal school funding is available.

Principal's signature

Date

PAC USE

Date Received: _____ **Approved / Denied / Deferred** **Amount:** _____

Notes: _____