



KILLARNEY SECONDARY SCHOOL

APPLICATION FOR SUBSIDY FORM

SECTION 1: APPLICATION INFORMATION

Student's Last Name:	Student's First Name:	Homeroom:	Student#
Address:		Birthdate: Mo/ Day/ Year (ie: Jan 1/ 14)	Age:

SECTION 2: REQUEST FOR FUNDING

Please identify the item(s) for which you are requesting funding:

Type of Fee Please specify:	TOTAL Fee Cost:	Amount I can pay TODAY:	Amount I can pay PER MONTH:	Period of Time I need assistance:	Approved
	\$	\$	\$	Fr: To:	
	\$	\$	\$	Fr: To:	
	\$	\$	\$	Fr: To:	
	\$	\$	\$	Fr: To:	

SECTION 3: ENDORSEMENT

Parent/Guardian Last Name:	Parent/Guardian First Name:
Home Phone#:	Cell Phone#:
Parent/Guardian Email:	Other:
I certify that all the information given in the above request is accurate and can be substantiated.	
Signature of Parent/Guardian: _____ Date: _____	

Community Leader/Professional*

Please obtain an endorsement from a community leader (eg. Social worker, Clergy, Banker, Employer) verifying the applicant's request for a subsidy to participate in the requested activity or to cover fees. The endorser should be in a position to identify and assess the economic challenges of the applicant.

Last Name: _____ First Name: _____

Position: _____ Organization: _____

Address: _____

Work Tel: (____) _____ Cell Tel: (____) _____

Email: _____

Signature: _____ Date: _____

* Section 3 can be endorsed by a staff member of Killarney Secondary School that has detailed knowledge of your financial situation.

School Administrator	Name:	Signature:	Date:
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