



Provincial Mathematics Strategy Promotional Campaign Application Form

District Name: _____

APPLICANT		
1	Surname	Forename
2	Position	
3	Address	
4	Telephone	E-mail
	Fax	

ORGANIZATION		
5	Description of School	
6	Telephone	E-mail
	Fax	

PROJECT		
7	Title	
8	Project Summary	
9	Location of Project	10 Proposed Duration
11	Proposed Starting Date	12 Proposed Completion Date

BUDGET

15

Please provide below a detailed budget which clearly accounts for all money requested.

DECLARATION

16

This declaration must be signed by the school principal and the school district Assistant Director of Programs or his/her designate.

Signature of principal

**Name
(Please print)**

Date

Signature of Assistant Director of Programs or designate

Please forward your application to the district office as all submissions must be screened by the district prior to submission to the department.