



Provincial Mathematics Strategy Promotional Campaign Application Form

District Name: _____

| APPLICANT | |
|-----------|---|
| 1 | Surname First Name |
| 2 | Position |
| 3 | Address |
| 4 | Telephone E-mail |
| 5 | Fax |

| ORGANIZATION | |
|--------------|---|
| 5 | Description of School (Please include grade levels and student population.) |
| 6 | Telephone |
| 7 | Fax |

| PROJECT | |
|-----------|--|
| 7 | Title |
| 8 | Location of Project 9 Proposed Duration |
| 10 | Proposed Starting Date 11 Proposed Completion Date |

PROJECT DESCRIPTION

12

Please provide a description of the project.

- What is the activity?
- Who will be involved?
- Approximately what percentage of the school population will participate?
- Why did you choose this activity?
- What are the primary objectives of the project?

BUDGET**13**

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

| Item Requested | Amount (\$) | Description of how item supports/enhances activity |
|----------------|-------------|--|
| | | |

FINANCIAL SUPPORT**14****Total needed for Project ***
(Details provided in section 13 above)

\$

DECLARATION**15****This declaration must be signed by the applicant, the school principal and the school district Assistant Director of Programs or his/her designate.**

Signature of applicant

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.