

School-Wide Enrichment Funding Application Form

School:		Date:	
Name of Project:			
This project is designed for:	Individual	Small Group	Number in small group
Project Contact:		Email Address:	

Enrichment Project Description

Enrichment Project Goals/Outcomes



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Regional Centre for Education		
Describe how participants are selected, be specific		
Types of Activities		
Follow-Up/Reflection Activities		
Expected Total Dollar Amount for Expenditures (itemized list of supplies and total)		
School Principal Signature of Endorsement:		

Please forward this completed form to:

Pat Murphy, Coordinator of Student Services

pat.murphy@avrsb.ca, Fax: 902-538-4630, or via Board Courier