



Northwest Community Student Support Fund

****Support Request for Vulnerable Families in Need****

School Name: _____

Student Name: _____

Who should the reimbursement cheque be made out to?

Full Name: _____

Phone: _____

Full Address: _____

Request Date: _____

Original Activity/Fee Amount \$: _____

Required Assistance Amount \$: _____

- Assistance For:
- School Supplies / Course Fees
 - Field Trips
 - School-Based Extra-curricular
 - School Based Athletic / Cultural Activities
 - Clothing
 - Groceries
 - Hygiene Products
 - Miscellaneous

To submit this form, you can:

- Email/Scan form to your school principal or preferred staff member.
- Return this form in-person to your school principal or preferred staff member.
- Call school principal, preferred staff member or Band Education Coordinator for assistance to complete this form.
- Provide proof of purchase (receipt), where applicable.

Please Note:

- **Approval for assistance must be confirmed prior to making a purchase.**
- **Assistance may be approved for the full requested amount or partial reimbursement.**
- **Submitted to:** _____

SCHOOL USE ONLY

GL Fund 51-0000-0-0-34711-0

Principal's Name: _____

Principal's Signature: _____

Date: _____