

Belonging Bursary Application CHRISTIAN Part 2 of 2 SCHOOL FOUNDATION

Please submit a separate Part 2 application for each project or staffing proposal.

You may submit multiple Part 2 applications.

If you have any questions email or call Meghan Van Pelt.
office@christianschoolfoundation.ca or 905-769-0798

School _____ Date _____

Contact Person _____ Email _____

What is the total cost of this project or staffing proposal? \$

What amount is coming from your school budget or other sources? \$

How much are you requesting from the Belonging Bursary? \$

(You may apply for an equal or smaller amount than what is coming from your school budget)

Please describe what avenues you explored to fund this proposal, including options that were rejected. Please reference the list included in the guidelines. You may use the space below or an attached PDF.

In the area below, or in an attached PDF, please describe the situation for which you are requesting funding. We are looking for information on why you chose to submit an application for this student or need. If you have a diagnosis or information from an outside professional please mention this, but do not include any reports. (Eg. "A pediatrician and a behavior therapist have independently confirmed the need for assistance.") If you do not have this information, just describe why the school has decided to offer additional support to this student. Please do not include any information that would compromise the student's or family's privacy.

Include a description of how you would use the requested funds from the Belonging Bursary, if your application is successful.

