



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

# Application For Financial Assistance

For Course Enrichment, Enhancement or Specialty Academies

1383 9th Avenue  
Kamloops, BC  
V2C 3X7

Phone: (250) 374 0679  
Fax: (250) 372 1183

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell/Work Tel: \_\_\_\_\_

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Course Name: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Full Cost       Partial Cost

Reason For Assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_