

GRANT-IN-AID APPLICATION

Fraser Valley Regional District, 45950 Cheam Ave, Chilliwack BC, V2P 1N6

| Applicant Name: | Deroche Elementary |
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| Mailing Address: | P.O. Box 70 - 10340 North Deroche Rd. Deroche BC V0M 1G0 |
| Email Address: | |
| Contact: | |
| Kasey Cavanag | h |
| Name | Telephone/Fax Number |
| Statement as to elig | pibility to apply for Grant-In-Aid Funds (Please attach a separate sheet if required): |
| Kindergarten to Gopportunities, on | ary is a public school and is part of School District 75 Mission. Our school has 86 students, age trade 6. The support of Regional District "C" has provided our students with excellent learning par with their counterparts in the City of Mission. The students have and will benefit from support trips, hot lunches, community cultural celebrations and helping fund a guest speaker on the |
| APPLICATION SUI | MMARY: |
| The major purpos educational field to deal from visiting Center in Mission Statement as to how sheet if required): e feel the previous summunity. Field trips of trips often have several educational field from the field from the field trips of trips often have several field from the field fr | or which you require assistance (Please attach a separate sheet if required): e for which we are requesting funding is to help pay for the busing and admission fees for rips. Due to our location, our busing costs are above the norm but our children benefit a great sites they are learning about. We hope this year to bus our children several times to the Leisure so our children can receive swimming lessons. If these funds will benefit the community or an aspect of the community (Please attach a separate apport given by the FVRD, and that requested this year has, and will, significantly benefit our open up a world of knowledge and experience to children which they can share with their families eral parents in tow to help supervise. Our staff feels strongly that swimming lessons are a vital oppropriate given our children's proximity to natural water bodies. |
| Amount of Grant Re | quested: \$_2500.00 |
| **Please note: grant application. | s over \$4,000 require a financial statement and/or report on the applicant to be provided with the |
| To the best of my kn hereby certify that th or business undertak | owledge, all the information that is provided in this application is true and correct. Furthermore, I is application for assistance is NOT being made on behalf of an individual, industry, commercial king. |
| X Lasy Car | Amount Approved: |
| Signature of Authoriz | zed Signatory and Title Date: |
| | Signature of Electoral Area Director |

Please return completed form by fax or e-mail to: Fax: 604-702-5043 (Finance Dept.); Email: info@fvrd.bc.ca; or to your Electoral Area Director.