

BWCA 2014

Financial Assistance Request

Dear Parents/Guardians:

If your family needs financial assistance, please complete this form. We will make every effort to sponsor students and families with financial needs. This request is kept confidential.

DONATION IS \$200.00

PLEASE MAKE CHECK PAYABLE TO EXPO Council of Parents

We need a partial scholarship

Check amount of assistance needed

\$150 \$100 \$75 \$50 \$25

Please print all information

Student's Name:

Parent/Guardian Name:

Phone Number:

e-mail address: (optional)

Please only return this form if your family needs financial assistance for our trip.

Questions, please contact Mark Mueller mark.mueller@spps.org