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 _____