



Golden Secondary School (PAC)

1500 9th Street South, PO Box 1350

Golden, BC V0A 1H0

p: 250-344-2201

e: goldensecondary@sd6.bc.ca

REQUEST FOR GSS PARENT ADVISORY COUNCIL FUNDS

Date Submitted: _____

Group / Club / Team / Name or Brief Description, if necessary

Name of Adult Sponsor: _____ Contact Phone # _____

Number of Students Involved: _____ Grade(s) of Student Involved _____

Student Representative, if applicable: _____

What is the overall purpose of your request?

Will this purchase replace old or damaged equipment or is it a "first time/one time" purchase request of equipment or event? _____

For request for conference or workshop what "report back" format to GSS or PAC will be used?

Amount of Funding Requested: _____



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***** PLEASE NOTE ***** Purchase of approved request is to be completed within the

Current School Year or funds will be revoked.

Signature of Sponsor: _____

Name and Signature of Student Sponsor if applicable: _____

Signature of Principal: _____

FOR USE BY PAC

Date Received: _____

Date of PAC Meeting request was reviewed: _____

Request Approved: _____ Request Denied: _____

Amount Granted: _____ Date Completed & Amount Used: _____

Parent Advisory Council President Signature : _____

Request meets Grant Eligibility Requirement outlined in the current BC Gaming Policy and Enforcement Branch:
