



STUDENT SUPPORT FUND REQUEST FORM

Submit form by e-mail to:  
Mary Cahill – Fundraising Coordinator  
E-mail: [cahillm@rcdsb.on.ca](mailto:cahillm@rcdsb.on.ca)

Name of the Applicant (teacher, principal, school support staff)

First: \_\_\_\_\_ Last: \_\_\_\_\_

Applicant's phone #:

Applicant's e-mail address:

School Name:

Name of School Principal:

Position of Applicant:

This is an urgent situation: Yes  No

Other sources of funds have been exhausted: Yes  No

Amount Requested (max. \$250/student or \$500/family): \$

Nature of Request (basic needs, program fees, college application fees, other):

Principal Signature (required):

Reporting Understood: Yes  No

Office Use Only:

Approved:  Not Approved:

Fundraising Coordinator:

Date: \_\_\_\_\_ Request #: \_\_\_\_\_



EXPENSE / REPORTING FORM

Submit form by e-mail to:  
Mary Cahill – Fundraising Coordinator  
E-mail: [cahillm@rcdsb.on.ca](mailto:cahillm@rcdsb.on.ca)

Please provide a short description of how funds were spent within thirty days.

**Please attach all related receipts for audit purposes. All purchases are to be made by the SCHOOL, not individual staff members.**