

# WILLMAR PUBLIC SCHOOL FOUNDATION

## ACTIVITY FEE REQUEST

I. Student Name: \_\_\_\_\_

Activity: \_\_\_\_\_ Fee Amount: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

II. Please describe in detail your need for funding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I respectfully request funding, as described above, from the Willmar Public Schools Foundation.*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Application needs to be signed by the building administrator before presented to the Foundation Board for approval.**

Decision of Administrator	Decision of Foundation Board of Directors
<p>_____ Recommend Funding</p> <p>_____ Do Not Recommend Funding</p>	<p>_____ Approved for Funding</p> <p>_____ Disapproved for Funding</p>
<p>_____</p> <p>Signature / Date</p>	<p>_____</p> <p>Date</p>

**After Administrative Signature, send application to:** Dr. Jeff Holm, Superintendent, Willmar Education and Arts Center, 611 SW 5th Street, Willmar MN.