

School:

Date:

Name of Project:

This project is designed for:

Individual

Small Group

Number in small group

Project Contact:

Email Address:

Enrichment Project Description

Enrichment Project Goals/Outcomes

Describe how participants are selected, be specific

Types of Activities

Follow-Up/Reflection Activities

Expected Total Dollar Amount for Expenditures (itemized list of supplies and total)

School Principal Signature of Endorsement:

Please forward this completed form to:

Pat Murphy, Coordinator of Student Services

pat.murphy@avrsb.ca, Fax: 902-538-4630, or via Board Courier

by the first Monday in November

Approved Projects Must Submit a Project Summary by the Last Teaching Day in June