



Dream Maker Fund

Final Report

As per the guidelines for requesting funds from the Dream Maker Fund, we are asking you to complete the following form. Please note that copies of receipts and/or supporting materials must be attached.

School:

Principal:

Date Allocation Approved:

Amount of Funding:

Brief Description of the Original Request:

Type of Expenditure

Amount

Total:

Describe the impact of this program/funding on the student (s):

Please provide any comments/reflections/quotes made by the student (s) receiving this funding *

Attach any other materials (e.g. Thank you notes, pictures) that you or the student (s) would like to share with The Edmonton Catholic Schools Foundation and send to 9405 50 Street NW, Edmonton, AB, T6B 2T4 or e-mail anne.henriksen@ecsfoundation.ca.

Principal Signature:

Date:

*The testimony may be used in future Foundation marketing/fundraising efforts. Student confidentiality/privacy will be honoured. All District regulations and provincial Freedom of Information and Privacy Legislation (FOIP) in the use of the recipients' narrative, and/or photos/videos shall be respected. Please ensure that your submission is FOIP appropriate.

April 2017