



FUNDING REQUEST FORM

Revised July 25, 2015

Please Print

Workshop / Seminar _____

Instructor _____

Funding amount requested _____

Date(s) _____

Location _____

Room rental, materials, etc. _____

Number of students attending _____

Fee per student _____

Applicant _____

Address _____

Phone _____

Email _____

Applicant (signature) _____ Date _____

Please complete top part, and submit form 4 weeks prior to the event to:

WSO EDUCATION COUNCIL
Mrs. Margaret Godfrey
52435 McKenzie Hwy.
Blue River OR 97413

Approved:

WSO Education Chair (sign.) _____ Date _____