

FONDS D'AIDE À LA JEUNESSE DANIELLE-BERGERON

Application form

Sector : _____

School: : _____

Address : _____

Number of students involved : _____

Name of person in charge : _____

Project Title : _____

Date of project completion : _____

Project Description:

A) Educational Objectives :

B) Detailed project content :

[illegible]

C) Budget estimates, description of funding, invoices proving the start-up of the project :

EXPENSES	COST (\$)

REVENUES	AMOUNTS (\$)

Return to : Secrétariat-trésorerie, SERF-CSQ
9 rue Napoléon, Sept-Îles (Québec) G4R 3K5
Tél : (418) 962-5375 / 1-800-463-1734
Email : z61.fer@lacsq.org