**AP 260-B1**

# Application for Excellence Fund
## for Students Participating in
## Encounters with Canada/Forum for Young Canadians

(Prior approval from Superintendent is required. Please complete after returning. If extra space is needed attach sheets.)

Student Name: _____ School: _____

Student Address: _____

Summary of Experience: _____

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Student Signature: _____ Date: _____

Principal/Counsellor Signature: _____

Superintendent's Signature: _____

Please forward to: Darrell Newton, Superintendent
Northwest School Division #203
PO Box 280
Turtleford SK S0M 2Y0
Fax: (306) 845-3392

Office Use: $300

1-2-12-170-361-199-231

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Director's Signature