

# HCBC Education Grant Application Form

**Club/ Affiliate Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**Name of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Name of Educator:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_  
(e.g. Edmund High School, Chase, BC)

**Event Website:** \_\_\_\_\_

**How to Register:**

**Description of Event:**

**Classroom:**

**Demonstration:**

**Mounted:**

**BUDGET**

INCOME

Registrations \_\_\_\_\_

Donations or Sponsorships (other than HCBC) \_\_\_\_\_

**Total** \_\_\_\_\_

EXPENSES (include facility fees, educator costs, etc.)

Facility \_\_\_\_\_

Educator \_\_\_\_\_

Supplies \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

**Profit/ Loss** \_\_\_\_\_

**Office Use Only**

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_