

**FEDERATION ANNUAL SCHOOLS PROGRAM
NOMINATION FORM**

Nominator Details	
Nominator Name:	
Name of School:	
School Address:	
School Email:	
School Telephone:	
Applicant Details	
Name of Student/s:	
Please provide a detailed description of why you feel this student/s should receive the donation.	

Declaration

Completion of and acceptance by Council of this application does not in itself constitute any agreement nor should any inference be assumed that the grant applied for would be provided either in whole or in part.

I agree to acknowledge Council's contribution at any event or in written documentation associated with it.

I certify that, to the best of my knowledge, all information in this Application is correct and has been discussed and approved by the school and that I have the delegated authority to sign this application. I have read the Program Guidelines and understand the information.

If this application is successful I agree to contact Federation Council should information regarding this application change or be found to be incorrect.

Name			
Position			
Signature		Date	