SD43Education
FOUNDATION

2026 GRANT APPLICATION

Are you applying on behalf of someone else? ☐ Yes ☐ No

If so, what is your name or organization's name?

Are you an SD43 employee? ☐ Yes ☐ No

If yes, what employee group do you belong to? Please Choose:

BENEFICIARY INFORMATION

Name: Birthdate:

Street Address: City: Postal Code:

Email: Phone Number:

Secondary School: Graduation Status: Please Choose:

GRANT INFORMATION

Our four pillars, Food Security, Music & Arts, Extraordinary Programming, and Athletics, identify talents and strengths we already have while showcasing how new investments will help us grow into a world-leading institution.

Which of our four pillars would you like to support with your grant? Please Choose:

What type of grant are you applying for?

Tell us why you're applying for this grant, what is your story?

Post-secondary institution name and program: (If applicable)

If you are successful in your application, how will it impact your education journey? (If applicable)

If you are successful in your application, how will your program impact and benefit students in SD43? (If applicable)

Additional information to support your application, along with the requested grant amount:

To submit your application, please email the completed form and any supporting documents to foundation@sd43.bc.ca.

Applicant Signature

Application Date