



SUPERANNUATED TEACHERS OF SASKATCHEWAN

**APPLICATION FOR ASSISTANCE
CHAPTER ACTIVITY SUPPORT PROGRAM**

Chapter(s) -

Description of Proposed Activity -
(Use a separate page if necessary)

Proposed Date -

Amount Requested -

Description of Financial Need -
(Attach financial reports)

Other Supporting Information –

Chapter Contact -

Submitted by

Chapter President

For Office Use Only

Date application received _____

Reviewed by Support Services Committee on _____

Decision- Approved Not Approved

Amount \$ _____

Dates of Payments- Initial _____ Final _____

Comments/Conditions _____