Colwood Pacific Activity Centre (CPAC) 2610 Rosebank / Victoria, B.C. V9C 4J7
(250) 363-2640 / Fax (250) 363-2677
Web site : www.esquimaltmfrc.com

CHILDREN'S SERVICES

ACADEMIC TUTORING SERVICE APPLICATION REQUEST

Student Name: _____

Age: _____

Grade: _____

Phone: _____

Parents Name: _____

Mailing Address: _____

Parents Email: _____

Subject(s) you require assistance with:_____

Learning Difficulties / Special Considerations: _____

_____

Have you contracted a private tutor already? (Yes or no) Cost? _____
Name of Tutor/Business: _____

This program is funded by a onetime only donation, funds are limited. Applications will be evaluated by the MFRC and granted fairly to benefit the maximum number of military children possible*

Are you interested in group homework support: (Yes or No) if yes in which subjects? Preferred time/day?
_____
_____

I hereby give my consent to the EMFRC to disclose this information to the EMFRC staff and registered volunteers with respect to the above-indicated program, activity and/or service.
I also agree to provide an impact statement to the EMFRC to be included as part of the Grant Follow-up report for Rogers Communications.

Signed by parent or guardian: _____ Date: _____

CYDPS Committee Administration ONLY:

Tutor Information:

Name / or Business: _____

Address, Email, Phone #:

_____

_____

_____

Cost per session: _____

Number of sessions approved: _____

Total Funds approved: _____

Receipts attached? (Yes or No)

Academic Support Record:

Date:	Tutor / Group Session	Subject	Cost / Receipt

Evaluation sent: Yes / No DATE:

Evaluation received: Yes / No DATE:

Impact Statement received: Yes / No DATE: