



**FONDATION**  
**Dixville Home**  
**FONDATION**

## FINANCING REQUEST

### 'Life Project'

34 Queen Street, Sherbrooke (QC) J1M 1H9  
819-933-6033 | [admin@fondationdixville.org](mailto:admin@fondationdixville.org)

Date: \_\_\_\_\_

#### IDENTIFICATION OF THE USER OR GROUP

Name: \_\_\_\_\_ Number of users: \_\_\_\_\_

Chef de programme: \_\_\_\_\_

Consent of a parent or the legal representative

#### IDENTIFICATION OF THE PERSON MAKING THE REQUEST

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the user: \_\_\_\_\_

(Educator, parent, etc.)

#### DESCRIPTION OF THE REQUEST

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Attached annex:  Yes  No

#### FINANCING

Other source of revenue (check the corresponding box and indicate the amount, if applicable):

<input type="checkbox"/> User	Amount: _____
<input type="checkbox"/> Parent	Amount: _____
<input type="checkbox"/> Legal representative	Amount: _____
<input type="checkbox"/> Other	Amount: _____

Amount requested: \_\_\_\_\_

First request for financing submitted to the Foundation for this project:  Yes  No

The cheque should be addressed to (name and address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***NON-APPLICABLE FOR ELECTRONIC REQUESTS***

Signature of the person making the request: \_\_\_\_\_

Signature of the Chef de programme: \_\_\_\_\_

**SECTION RESERVED FOR THE FOUNDATION**

Request accepted      Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Request refused

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Payment made on: \_\_\_\_\_

Follow up made to: \_\_\_\_\_ On: \_\_\_\_\_