

Kilkenny College Parents Association Funding Request Application

Completed forms should be passed to the Chairperson of the Parents Association

Request	Date:			_				
Contact Name:				C	Contact Number:			
Funding	g Applicable	for (please	tick all app	propriate):				
Boys [Girls [Boarders		Day Pupil	s \square	
Year(s)	Applicable:	_						
Departm	nent/Building	g/Activity:						
Details of	of Request:							
No. Company Name & Contact Details							Total Amount Incl. VAT	
1 2 3								
4								
Approve	ed or Rejecte	ed:						
Comme	ents:							
Signed: Date: (Chairperson of the Parents Association)								
Chairperson: Nick Bennett		Secretary Sinead Ha			reasurer: olin Feely	PRO: Brian Scobie		

086-2335723

086-3747284

086-8944875

087-6800300