



AKADEMISCHES
GYMNASIUM
INNSBRUCK

Parents' association of the Akademisches Gymnasium
Innsbruck
c/o Direktion
Angerzellgasse 14

Innsbruck,

APPLICATION

FOR THE GRANT OF FINANCIAL SUPPORT FOR A SCHOOL EVENT

As a class teacher I request a grant

for the student _____

class _____

my name _____

school event _____

date _____

expenses per student _____

short justification for the request _____

Bank account

IBAN _____

owner of the bank account _____

Signature of the class teacher _____

Parents' association of the Akademisches Gymnasium:

A grant of EUR _____
has been approved at a meeting or via circular mail of the parents' association on _____.
The amount will be transferred to the above mentioned bank account immediately by our
cahier.