

School Information		
School name		
Contact teacher's name		
Contact teacher's phone		
Contact teacher's email		
Principal's name		
School's postal address		
Financial information		
ABN		
Bank name		
BSB No.		
Account No.		
Has your school received this sponsorship before? If so, when?		
Total amount requested		
Travel Information		
Departure date		
Return date		
Number of students		
Year group of students		
Outline of travel itinerary (please attach complete itinerary if available)		
Benefits of sponsorship		
Briefly outline your school's Japanese program (attach further information as required)		
How does your school intend to build on this visit to Japan to benefit the school community? (attach further information as required)		
How does your school intend to build on this visit to Japan to benefit the wider Clarence community? (attach further information as required)		
What plans does your school have for reciprocal hospitality for students from Akkeshi? (attach further information as required)		
Signatories		
Contact teacher's signature		Date
Principal's signature		Date