



SuperNet Access Funding Application

For the School Year: September 1, 2003 to August 31, 2004

Name of School Authority: _____

Authority Code: _____

Contact Name/Phone/Email: _____

School Code (if applicable)	Site Name	Site Address	SuperNet Connection Date	Monthly SuperNet Service Charge

CERTIFICATION

I certify that to the best of my information and knowledge that the information reported on this form is correct.

(Signature of Secretary-Treasurer/Superintendent)

(Date)

Approved by _____
(STB)

(Date)