



PASSIONATE
 ABOUT LEARNING
 GROUNDED IN FAITH

APPLICATION FOR FINANCIAL ASSISTANCE BURSARY

Please complete this application and return to the school marked "Confidential – Bursary Committee"

DATE OF APPLICATION: _____

Family Name: _____ Father's Name: _____

Telephone No: _____ Mother's Name: _____

Children's Names: _____ Grade Enrolled: _____

Children's Names:	Grade Enrolled:

Gross Family Income including T-4 totals, Family Allowance, Social assistance, Family Support etc. \$ _____.

Please attach applicable forms with Income and Expense Sheet.

Amount of Tuition applicable to this school year \$ _____/year and/or \$ _____/month.

Amount of Tuition being requested to pay - \$ _____/month. The maximum allowable for request is 50% discount on tuition, 1st enrollment year, 35% discount on tuition other years. 0% in kindergarten.

This application is applicable to this school year only.

Thank you.

The following to be completed at time of interview:

Date interview completed: _____

Tuition payment agreed upon: \$ _____/month

Date: _____

 Bursary Chair

Date: _____

 Applicant