

St. Alphonsus School Inc.
Application for Tuition Assistance

1. The bursary fund has been established to provide tuition assistance to students to attend St. Alphonsus School.
2. Bursaries are awarded on the basis of:
 - The financial need of the applicant's household
 - The number of students requesting a bursary
 - The amount of bursary money available
3. A bursary **will not** be granted to cover the full cost of tuition. A financial commitment is required by the applicant's household. The person responsible for tuition is **required to pay a deposit** and develop a payment plan with the School for the balance of the tuition.
4. The decision concerning this application will be made known to you by June 15. In all cases you will be advised whether or not you have been awarded a bursary.
5. Upon notification you will be required to make arrangement, in accordance with one of the approved payment plans, to cover the balance of the tuition.
6. Annual household income in excess of \$100,000 is not generally eligible for bursary. However, you may apply and provide information regarding your family's circumstances that you would like us to take into consideration.

INSTRUCTIONS

Please read the following instructions before you begin to answer the questions. Only one application per family is required.

1. Please answer every question. If the answer does not apply answer "N/A".
2. Attach copies of father's/mother's/guardian's most recent Notice of Assessment from Canada and Revenue Agency.
3. This completed application is to be submitted no later than **May 15**.

<p>It is the applicant's responsibility to submit all information by the deadline. This application will NOT be processed unless ALL the information and the required documentation is supplied. Applications submitted after the deadline may not be accepted.</p>
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APPLICATION FOR TUITION ASSISTANCE- C O N F I D E N T I A L

FOR THE SCHOOL YEAR COMMENCING – 20__

FATHER _____

MOTHER _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Bus. Address _____

Bus. Address _____

Bus. Phone _____

Bus. Phone _____

Please list all fully dependent children: (Include student applicant(s) from page1)

Name	Age	School/College Attending	Grade	Tuition or Fees	Scholarship Received
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

I am requesting a bursary for the following reasons (please add additional sheet if needed):

The amount of bursary being applied for is \$ _____.

I declare that the information given and the statements made by me here and on the attached pages are true and complete to the best of my knowledge.

Date _____

Signature _____