

Central SDA Church

2023-2024 Student Aid Application

Name of applicant (parent/guardian applying) _____

What is applicant's relationship to student(s)? _____

Student's address: _____

City _____

Postal Code _____

Mother / guardian name

Father / guardian name

Member of Central Church? Yes _____ No _____

Member of Central Church? Yes _____ No _____

Occupation _____

Occupation _____

phone number: work () _____

home () _____

email _____

phone number: work () _____

home () _____

email _____

Address: _____ Same as student(s)

Address: _____ Same as student(s)

We submitted an application for Parent's Choice Bursary to the Prosser Charitable Foundation? Yes _____ No _____

Names of dependent children in family (as of September 2023)

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

Additional information that would assist in the review of this application:

Checklist:

- _____ Both parents have signed application
- _____ Copy of notice of assessment or tax return included
- _____ Copy of current earnings statement/pay stub
- _____ Student's paragraph included (if in grade 7 - 12)
- _____ Included your email address for communication purposes
- _____ Applicant is member of Central SDA Church

DO NOT RETURN THIS APPLICATION TO THE SCHOOL

Application, and supporting documents, may be mailed or delivered.

Student Aid Committee

Central Church of Seventh-day Adventists

1920 - 13 Ave NW, Calgary, AB T2N 1L3

This document contains confidential information. If you wish, you may email it to office@calgarycentraladventist.ca.

Please use the subject line "Student Aid"

To be received at the Central Church office by 4:00 pm June 1, 2023

Central SDA Church
2023-2024 Student Aid Application

Name of applicant (parent applying) _____

Financial Information

Financial assistance is requested for the following students:

	Name	Grade	Yearly Academic Fee	Bus Fee	Total
1	_____	_____	\$ _____	\$ _____	\$ _____
2	_____	_____	\$ _____	\$ _____	\$ _____
3	_____	_____	\$ _____	\$ _____	\$ _____
4	_____	_____	\$ _____	\$ _____	\$ _____

Total yearly academic and bus fees \$ _____
 Monthly cost - divide total by 10 \$ _____

Family monthly income (before taxes)

Employment \$ _____
 Spouse's employment/child support* \$ _____
 Student's earnings \$ _____
 Child tax benefit/Universal Child Care \$ _____
 Social Assistance \$ _____
 Other Student Aid \$ _____
 Other (Specify) _____ \$ _____
 Subtract taxes \$ _____
 Total Family Income (take home) \$ _____

Family monthly expenses

Church support \$ _____
 Rent/mortgage payment \$ _____
 Food \$ _____
 Telephone/internet \$ _____
 Utilities \$ _____
 Clothing \$ _____
 Insurance \$ _____
 Child care \$ _____
 Medical/dental \$ _____
 Loan payments \$ _____
 Car payments \$ _____
 Other Transportation costs \$ _____
 Other (specify) _____ \$ _____
 Other (specify) _____ \$ _____
 Total expenses \$ _____

Parent(s)/Guardian(s) monthly contribution to academic and busing costs \$ _____

Requested assistance \$ _____

I/We the parent(s)/guardian(s) requesting assistance from Student Aid Funds state that the information contained in this form is complete and true to the best of our knowledge and belief.

We agree to provide the student's social insurance number if aid is awarded, by September 15, 2023.

We consent to the school releasing the information needed for the processing of this application to the student aid committee.

I agree to the school informing the student aid committee should the student(s) not maintain good citizenship or appropriate academic progress.

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

* If parents are separated or divorced, please indicate the amount of child or spousal support received