

# Central SDA Church

## 2025-2026 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 ( ) \_\_\_\_\_

phone number: work ( ) \_\_\_\_\_

home ( ) \_\_\_\_\_

home ( ) \_\_\_\_\_

email \_\_\_\_\_

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 (age as of September 2025)

\_\_\_\_\_ 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](mailto:office@calgarycentraladventist.ca).

Please use the subject line "Student Aid"

**To be received at the Central Church office by 4:00 pm June 11, 2025**

**Central SDA Church**  
2025-2026 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**

Employment (before taxes) \$ \_\_\_\_\_  
 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, 2025.

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