

Central SDA Church

2026-2027 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 2026)

_____ 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 9 - 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 11, 2026