

**Steinbach Christian High School
Financial Assistance Application
For the 2011-2012 School Year**



Financial assistance is available to the families of full-time students who demonstrate financial need. Please complete and return this application to the school office together with the necessary tax documents. You will be notified of the amount of financial assistance awarded within 5 business days of submitting the completed application.

Financial information included in this application will be kept in strictest confidence at the Steinbach Christian High School Finance Office. Following calculation of the financial assistance award, tax documents included with the application will be destroyed.

STUDENT AND FAMILY INFORMATION

Student Name: _____
Student Date of Birth: _____
Grade enrolled: _____
This is the student's _____ year at SCHS

Parent(s) / Guardian(s): _____
Parent(s) / Guardian(s) Marital Status: _____

Address: _____

Daytime Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____
Evening Phone: (____) _____ - _____

E-mail: _____
Do you prefer communication by e-mail? _____

Church Affiliation: _____

PARENT(S) / GUARDIAN(S) FINANCIAL INFORMATION

This section to be completed by Parents / Guardians.

	<u>Father</u>	<u>Mother</u>
Occupation:	_____	_____
Income in Previous Tax Year:	_____	_____
Source (Employment / Self-Employed / Other)	_____	_____

Please enclose either a copy of your 2010 T1 tax return OR your 2010 Notice of Assessment from Canada Revenue Agency. This application will not be processed until tax information is provided.

Please list the name, age, and place of study of other dependants supported by you:

Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____

Total monthly financial obligations (mortgage, car payments, personal loans) _____

Amount of tuition and fees you are able to pay for the 2011-2012 school year _____

Other details related to your application for financial assistance

I certify that the information provided above is true

Parent / Guardian signature: _____

Date: _____

DECLARATION AND AUTHORIZATION

I/we hereby apply for financial assistance under the terms of the SCHS Financial Assistance Program and certify that:

- All information provided on this application is complete and true in every respect;
- I/we have answered all applicable questions on this application;
- The student(s) identified have applied for full-time attendance at SCHS for the academic period;
- Financial assistance is **essential** to enable the student(s) identified to continue education at SCHS;
- I/we understand funds awarded will only be applied to the student's account against tuition costs;
- I/we understand all information provided on this application is for the sole purpose of assessing eligibility for financial assistance;
- I/we understand financial assistance may not be awarded if the student account balance is unpaid from a previous year.

Student signature: _____

Parent / Guardian signature: _____

Date: _____

Privacy Notice: SCHS adheres to the principles of the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). All of the information collected by SCHS for the purpose of determining the need for financial assistance of the applicant is collected solely for this purpose. The information will be treated in the strictest confidence and will not be used for any other purpose without the express authorization of the student, parent/guardian or others that may have legal authority to do so. Should you feel that the information provided is used outside of the intended purpose you have the right to contact the SCHS Privacy officer at (204) 326-3537.

OFFICE USE ONLY:

Date Received: _____

All Info Included: Yes / No

Follow up for Info: Yes / No

Confirmation Letter Date: _____