

Tuition Assistance Application

Program Applied for: Bursary Program Emergency Fund Program

Name: _____

Address: _____

Phone #: _____

Email: _____

Total anticipated amount owing: _____ (A)

Amount you are prepared to contribute: _____ (B)

Amount of assistance requested: _____ (A minus B)

If you are a pastor of a church please indicate which one: _____

All Families Applying for Tuition Assistance:

- Are required to participate in the Tuition Reduction Incentive Program (TRIP). This program benefits both the school and the participants by bringing additional income from gift card purchases. A portion of the proceeds is provided to families in the form of a tuition reduction. Failure to participate may impact the Bursary amount awarded in future years.
- Are encouraged to seek additional assistance from family members, churches, and the broader community if needed.
- Are strongly encouraged to volunteer on one of the various committees of BCS, at our various fundraisers or at the school itself.
- Acknowledge that the assistance provided is temporary and intended for one school year or less depending on the nature of the application. New applications must be filed every year for ongoing assistance requirements.
- Acknowledge that the level of assistance provided may not match the requested amount. Assistance will be offered at the discretion of the Finance Committee and will depend on many factors including the total amount assistance requests, amount of funds available, and the information provided in the application.
- Acknowledge that the normal maximum assistance provided shall be no more than 33% for those paying the full family tuition rate. Applications may be considered for up to 50% of the full family rate and/or for JK & SK tuition support, but these funds will be limited to special circumstances.
- Must notify the Finance Committee of any material changes to the application details.
- Must provide support documentation as required.

I/We understand the above terms and agree to abide by them. The information provided in this application is accurate and complete.

Applicant 1: _____
Signature

_____ Date

Applicant 2: _____
Signature

_____ Date

Family Financial Details

Number of Applicants (Parents/Guardians)

Total number of children/dependents

Number of children at BCS

Total anticipated amount owing: (A)

Amount you are able to contribute: (B)

Amount of assistance requested: (A minus B)

Applicant 1	Applicant 2	Total
-------------	-------------	-------

Family Income Information

	Applicant 1	Applicant 2	Total
Employment Earnings			
Self-Employment Income			
Other Income			
Total Income (Line 150)			
Tax Paid (Line 435)			
Non-Taxable Income			

Monthly Payments

	Applicant 1	Applicant 2	Total
Mortgage			
Car Loan			
Other			

Other Financial Details:

Tuition paid for other schools (JK - 12)			
Other Tuition Assistance Received			

Details of other tuition assistance received: _____

*** Please include a copy of your most recent Notice of Assessment with your application. ***