

ST. BONIFACE DIOCESAN HIGH SCHOOL

282 Dubuc Street, Winnipeg, Manitoba R2H 1E4Tel: 204-987-1560Fax: 204-237-9891Email: admin@sbdhs.netwww.sbdhs.net

BURSARY APPLICATION – 2022/2023 ACADEMIC YEAR

St. Boniface Diocesan High School seeks to assist families wishing to obtain a Catholic education for their children. Individual awards are made to families by the Bursary Committee, following a detailed examination of each application. Bursaries are awarded on the basis of: -financial need of the applicant family

> -family's involvement and commitment within the school community -number of families requesting bursaries in a given year -amount of bursary funds available

INSTRUCTIONS

Please read the instructions before beginning to answer the questions. It is essential that this form be completed in full.

- 1. Please answer every question. If the answer is "nil" or "not applicable", enter "Nil" or "N/A".
- 2. If assistance is needed in completing this application, please contact Mr. Derek Pritchard in the Financial Office at 204-987-1567 or by e-mail at *finance@sbdhs.net*.
- 3. All answers should be typed, printed or written legibly. Please do not use pencil or red ink.
- 4. All Bursary Applications must include a copy of 2021 INCOME TAX RETURN and a copy of Canada Revenue Agency NOTICE OF ASSESSMENT [NOA] for both parents as applicable. If need be, forward NOA to school when available.
- 5. Submit this completed Bursary Application form no later than April 29, 2022 to:

The Financial Office St. Boniface Diocesan High School 282 Dubuc Street, Winnipeg, MB R2H 1E4

- 6. You will be advised of the Committee's decision regarding your application by June 2022.
- 7. Any change of address from that shown on the Bursary Application Form should be forwarded to the school as soon as possible.
- 8. Please refer any questions regarding completion of the Bursary Application form to Mr. Derek Pritchard at 204-987-1567 or by email at *finance@sbdhs.net*.
- 9. An application can be returned ONCE to be completed correctly and must be returned within 10 days.

Strict confidentiality is maintained at all times

DATE	APPLICATION #	,	VERIFIED	AMOUNT AWARDED	
			CESAN HIGH SCHOC 2022/2023 ACADEMI		
	* FORM	M TO BE COMPLETED B	BY PARENT(S) OR GUARD	IAN(S) *	
1. SBDHS STUDEN	T IDENTIFICATION	l			
FIRST STUDENT					
	SURNAME		First Name		
	Street		Сіту	Postal Code	
	GRADE SEPT 2022		LIVES WITH		
	Religion		PARISH		
SECOND STUDENT					
	SURNAME		First Name		
	Street		Сіту	Postal Code	
	Religion				
HIRD STUDENT					
	SURNAME		FIRST NAME		
	Street		Сіту	POSTAL CODE	
	GRADE SEPT 2022		LIVES WITH		
	Religion		Parish		
2. PARENTAL / GU					
	FATHER, STEPFATHER	OR GUARDIAN	Mo	OTHER, STEPMOTHER OR GUARDIAN	I
NAME	SURNAME	First	Su	IRNAME FIRS	т
HONE NUMBER DAY				Cell	
OCCUPATION					
MPLOYER					
DDRESS (If different fr	om above):				
TREET					
CITY AND POSTAL COD)F				

3. CHILDREN

List all children, not including the applicant(s), who are residing in your home and will receive support from you.

NAME	AGE	SCHOOL	GRADE / YEAR	TUITION	BURSARY

4. FAMILY ASSETS

5.

a) HOME Year Purchased	ESTIMATED CURREN	IT MARKET VALUE	
b) OTHER RESIDENCE/ REAL ESTA Description			
		T MARKET	_
c) VEHICLES (Cars, trucks, R.V.'s,	trailers)		
		CURRENT ESTIMATED VALUE	
3			
d) OTHER ASSETS (stocks, bonds,		sits, Cash, Savings Bonds)	
FAMILY LIABILITIES			
a) MORTGAGES AND/OR LOANS	BALANC	CE MONTHLY PAYMENT	
1. HOME			_
2. Others			

b) OTHER FINANCIAL OBLIGATIONS (e.g. credit cards, rent, music lessons, medical/dental expenses, taxes)

Түре	BALANCE	MONTHLY PAYMENT
1		
2		
3		
4		

6. PARENTS' (GUARDIANS') ANNUAL INCOME TAX FOR 2021 (as shown on 2021 income tax return)

	FATHER'S SALARY			_
	MOTHER'S SALARY			_
	DIVIDENDS AND/OR INTEREST INCOME			_
	ALIMONY AND CHILD SUPPORT RECEIVED			_
	CHILD TAX BENEFIT/PENSION INCOME			_
	SOCIAL ASSISTANCE/E.I. BENEFITS			_
	MISCELLANEOUS/OTHER			_
TOTAL	FAMILY INCOME BEFORE DEDUCTIONS			
	family income to change during the 2022-2(r will you be applying, for any other financia			
	r will you be applying, for any other financia	l aid for the 2022-2023	school year?	
Have you applied, or	r will you be applying, for any other financia y requested	l aid for the 2022-2023	school year?	YES NO
Have you applied, or Amount of Bursar Who will be paying	r will you be applying, for any other financia y requested	l aid for the 2022-2023 AMOUNT	school year? OR	YES NO

7.

8.

9.

10.

11. Please use the following space to provide any additional information which you feel may be useful to the Bursary Committee in evaluating your application (e.g. special medical needs and /or family care issues)

IMPORTANT ADDITIONAL INFORMATION

• It is an applicant's responsibility to submit all information by the deadline. This application will NOT be processed unless ALL information and required documentation is supplied. (PLEASE see instruction #9). Application submitted after the deadline may not be accepted.

DECLARATION, AGREEMENT AND CONSENT OF PARENT(S)/LEGAL GUARDIAN

By signing below, I hereby declare that all the information provided in this Application for Bursary Assistance is true and complete to the best of my knowledge. I understand that if any of the information provided in this application changes at ANY time during the period of study at St. Boniface Diocesan High School of any student named in the application, I am obliged to report any such changes to St. Boniface Diocesan High School immediately, and I agree to do so.

By signing below, I hereby expressly consent St. Boniface Diocesan High School to:

- a) Verify and investigate any information supplied by me on this application
- b) Use any and all information provided, together with any other information collected as part of its consideration as to whether or not it will award a bursary and in what amount.

SIGNATURE OF PARENT / LEGAL GUARDIAN		SIGNATURE OF PARENT / LEGAL GUARDIAN		
NAME OF PARENT /LEGAL GUARDIAN	[PLEASE PRINT]	Name of Parent / Legal Guardian	[PLEASE PRINT]	
Social Insurance Number		Social Insurance Number		
 Dате		 Dате		