



ST. BONIFACE DIOCESAN HIGH SCHOOL

282 Dubuc Street, Winnipeg, Manitoba R2H 1E4
Tel: 204-987-1560 Fax: 204-237-9891
Email: admin@sbdhs.net www.sbdhs.net

BURSARY APPLICATION – 2023/2024 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 2022 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 28, 2023 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 2023.
7. Any change of address from that shown on the Bursary Application Form should be forwarded to the school as soon as possible.
8. An application can be returned ONCE to be completed correctly and must be returned within 10 days.

Strict confidentiality is maintained at all times

APPLICATION DEADLINE - FRIDAY APRIL 28, 2023

Please note: Late applications not accepted

FOR OFFICE USE ONLY:

DATE _____ APPLICATION # _____ VERIFIED _____ AMOUNT AWARDED _____

ST. BONIFACE DIOCESAN HIGH SCHOOL
BURSARY APPLICATION – 2023/2024 ACADEMIC YEAR

* FORM TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S) *

1. SBDHS STUDENT IDENTIFICATION

FIRST STUDENT

SURNAME _____ FIRST NAME _____

STREET _____ CITY _____ POSTAL CODE _____

GRADE SEPT 2023 _____ LIVES WITH _____

RELIGION _____ PARISH _____

SECOND STUDENT

SURNAME _____ FIRST NAME _____

STREET _____ CITY _____ POSTAL CODE _____

GRADE SEPT 2023 _____ LIVES WITH _____

RELIGION _____ PARISH _____

THIRD STUDENT

SURNAME _____ FIRST NAME _____

STREET _____ CITY _____ POSTAL CODE _____

GRADE SEPT 2023 _____ LIVES WITH _____

RELIGION _____ PARISH _____

2. PARENTAL / GUARDIAN IDENTIFICATION

FATHER, STEPFATHER OR GUARDIAN

MOTHER, STEPMOTHER OR GUARDIAN

NAME _____
SURNAME _____ FIRST _____

NAME _____
SURNAME _____ FIRST _____

PHONE NUMBER DAY _____ CELL _____

PHONE NUMBER DAY _____ CELL _____

OCCUPATION _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER _____

ADDRESS (If different from above):

STREET _____

STREET _____

CITY AND POSTAL CODE _____

CITY AND POSTAL CODE _____

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

a) HOME

YEAR PURCHASED _____ ESTIMATED CURRENT MARKET VALUE _____

b) OTHER RESIDENCE/ REAL ESTATE

DESCRIPTION _____

YEAR PURCHASED _____ ESTIMATED CURRENT MARKET _____

c) VEHICLES (Cars, trucks, R.V.'s, trailers)

	YEAR	MAKE	MODEL	CURRENT ESTIMATED VALUE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

d) OTHER ASSETS (stocks, bonds, R.R.S.P.'s, Term Deposits, Cash, Savings Bonds)

1. _____
2. _____
3. _____

5. FAMILY LIABILITIES

a) MORTGAGES AND/OR LOANS

	BALANCE	MONTHLY PAYMENT
1. HOME	_____	_____
2. OTHERS	_____	_____

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

TYPE	BALANCE	MONTHLY PAYMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

6. **PARENTS' (GUARDIANS') ANNUAL INCOME TAX FOR 2022** (as shown on 2022 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	_____

7. Do you expect your family income to change during the 2023-2024 school year? _____

8. Have you applied, or will you be applying, for any other financial aid for the 2023-2024 school year? YES ___ NO ___

9. **Amount of Bursary requested** _____

10. Who will be paying the tuition?	AMOUNT	OR	% OF TUITION
_____	\$ _____		_____
_____	\$ _____		_____

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:

- Verify and investigate any information supplied by me on this application
- 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

DATE

DATE