



APPLICATION FOR THE BLESSED EDMUND RICE FINANCIAL ASSISTANCE PROGRAM

STUDENT INFORMATION

Sons attending Vancouver College

Name	Social Insurance Number	Grade

Other Children not at VC

Name	Current School	Tuition

FAMILY INFORMATION

Address:	Home Phone:
The residence is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other _	

If residence is rented, what is your monthly payment? _____

If residence is owned, what is your monthly mortgage payment? _____ Balance owing on your mortgage? _____

Father's Name:	Address:	
Occupation:	Employer:	Current Annual Income from <u>all</u> sources:
Mother's Name:	Address:	
Occupation:	Employer:	Current Annual Income from <u>all</u> sources:

REQUIRED SUPPORTING DOCUMENTS

- Copies of your most recent Notice of Assessment from Canada Revenue Agency
- Other documents that support your request

PAYMENT INFORMATION

Our family is able to pay a total of \$ _____ per month for 10 months (September to June) towards the cost of our son's tuition fees. Consistent with the sacrifices to create The Blessed Edmund Rice Financial Assistance Program, it is expected that every family will make some contribution to tuition fees.

PRIVACY POLICY

Our family consents to Vancouver College Limited (VCL) collecting, using and disclosing the information in this document for the purposes of determining our financial status and assessing our need for financial assistance. VCL may conduct credit checks and reference checks about us.

SIGNATURE OF APPLICANT (S) PARENT (S) OR LEGAL GUARDIAN (S)

Parent's / Guardian's Signature:	Date:
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1. This application will not be reviewed unless all documents required are submitted with the form.
2. Please ensure that all sections of this form have been completed.
3. Return completed form along with the required supporting documents, marked Private and Confidential to VC Financial Assistance Committee, Vancouver College, 5401 Hudson Street, Vancouver BC V6M 0C5