



Beacon Christian School

BURSARY APPLICATION 2020

Beacon strives to make Christian education affordable for a wide range of families. We are excited about the blessing of Christian education and we hope you are too! Because Beacon is an independent school which receives no government support, the annual tuition payments can seem daunting, especially if this is your first introduction to Christian education. However, we do have a Bursary Program in place to help. If you desire a Christian education for your child, we will do our utmost to make it possible.

NEW APPLICATION RENEWAL

PERSONAL INFORMATION

Name(s) – First & Last:

Address:

Email:

Phone #:

Cell #:

Children's names & ages:

Grade(s) entering:

JK or SK Half days Full days Optional full ___ days

Schools dependent children are currently attending:

Will you be paying other school tuition in the upcoming school year? Y N

If yes, which schools and how much?

FINANCIAL INFORMATION

Father/Guardian's Occupation & Employer:

Mother/Guardian's Occupation & Employer:

Father/Guardian's Annual Income – Enter line 150 of previous year's tax return

\$

Mother/Guardian's Annual Income – Enter line 150 of previous year's tax return

\$

If you or your spouse are self-employed or run/own your own business, it is possible that line 150 of your tax return reflects only part of your total annual income (eg. Income is re-invested in a business rather than withdrawn as salary, or amounts recorded as shareholder loans). In keeping with the spirit of community, please enter any increase in your business equity that is in addition to the salary you withdrew as declared above.

\$

Other Income: Rental Properties, Investments, etc.

\$

Canada Child Tax Benefit

\$

Other amounts: please specify:

\$

TOTAL INCOME

\$

Annual Rent or Mortgage Payment

\$

Annual Household Maintenance Expense, including utilities & insurance

\$

Annual Household Transportation Expense, including payments, gas, insurance, maintenance

\$

Annual Household Childcare Expense

\$

Annual Household Medical Expense (if applicable)

\$

Annual Household Charitable Donations (excluding receiptable school fees)

\$

TOTAL EXPENSES

\$

Other than your home, do you own other property, such as vacation or income property? If yes, please specify and indicate value:	<input type="checkbox"/> Y <input type="checkbox"/> N
Is there any support available from other sources (family, church, workplace, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify amount:	
Are there any reasonable lifestyle changes your family could make to improve your ability to pay tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you prayerfully considered making them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any other factors that will change your family's financial position in the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
How long do you see your family requesting assistance? _____ years. Why:	
Are there any other factors that you would like us to consider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you can choose to make note of them here or send a private email to finance@beaconchristian.org .	
How much do you feel you can afford to pay for tuition each month? MUST BE COMPLETED \$ _____	
DETERMINING ELIGIBILITY	
Total number of people in your household	Total family income must be less than:
3	\$71,000
4	\$78,000
5	\$85,000
6	\$92,000

If your total family income falls within these guidelines, please complete this form and submit it, **together with copies of your previous personal income tax return(s)** to the Finance Office. If your family income exceeds the amounts indicated, but you feel there are extenuating circumstances, you may still qualify for financial aid, please apply.

CERTIFICATION:

I/we understand that in order to be considered for this grant, I/we need to acknowledge having read the following and certify, by my/our signature(s), that I/we comply with the following:

1. I/we understand the amount of the grant will depend on monies available.
2. The total family income indicated on the application form is true and correct.
3. Copies of my/our previous year's personal income tax returns are attached.
4. All information will be keep strictly confidential.

Signature: _____ Signature: _____

Date: _____

Fill out , attach documents & email to Valerie Veldman, Financial Administrator - finance@beaconchristian.org or print & deliver all documents to: Beacon Christian School, 300 Scott St., St. Catharines, ON L2N 1J3 ATTN: FINANCE

FOR OFFICE USE ONLY:	Total Income	Total Expenses	Amount of Grant	Previous Grant