

2018-2019 K-GRADE 12 ADDITIONAL BURSARY APPLICATION FORM



Finance Department
A100-123 Doncaster Street
Winnipeg, Manitoba R3N 2B4
204.477.7482
finances@grayacademy.ca

To Apply for Additional Bursary Assistance:

This application must be submitted with the Bursary Assistance Application. Submit both applications with corresponding document(s) by email to finances@grayacademy.ca or send to the school office in an envelope addressed to the Finance Department (marked CONFIDENTIAL). **Only complete applications will be processed.**

**This form must be signed by both parents/guardians (if applicable).
Separated/divorced parents/guardians can submit one combined form or one form per person.**

The Winnipeg Board of Jewish Education is aware that special circumstances may occasionally arise that affect your family’s financial status. This may include, but is not limited to, loss of job, change in family living status, bankruptcy, illness, injury or death. Should you need to request additional bursary assistance to the Bursary Assisted Parental Contribution, you can apply to the Assessment Committee that operates confidentially at arm’s length from the WBJE.

Additional bursary assistance will be considered based on need, financial circumstances of applicants and available funds. Priority is given to those most in need. Additional bursary assistance in one year does not guarantee additional assistance in another year. Each year will be treated separately to reflect available funds and family circumstances. The request for additional assistance due to special circumstances does not guarantee that additional bursary support will be given.

Your application **will not** be reviewed without supporting documents (if applicable).

Reason for seeking additional bursary assistance: fully outline the reason for your request. Provide supporting documents if applicable.

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PARENT/GUARDIAN INFORMATION
Full Name
Full Name
Marital Status

CHILDREN		
	Full Name	Date of Birth (mm/dd/yyyy)
First Child		
Second Child		
Third Child		
Fouth Child		
Fifth Child		

VALUE OF ASSETS		
Home Address	City	Postal Code
Check one: <input type="checkbox"/> Rent <input type="checkbox"/> Own If you own: Balance of outstanding mortgage = \$ _____ Assesed value of property as per City of Winnipeg property assessment = \$ _____ (or find at www.winnipegassessment.com/asmntax/english/propertydetails/) Other owned real estate property: Do you own or have partial ownership in other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Own Fully <input type="checkbox"/> _____% Ownership		
Address	City/Town	Postal Code
Balance of outstanding mortgage = \$ _____ Assesed value of property as per property assessment = \$ _____		

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VALUE OF ASSETS CONTINUED			
Household Cars and Recreational Vehicles			
Make/Model: _____ Year: _____ Estimated Value of Vehicle: \$ _____			
Check one: <input type="checkbox"/> Lease <input type="checkbox"/> Own - If own, outstanding loan = \$ _____			
Make/Model: _____ Year: _____ Estimated Value of Vehicle: \$ _____			
Check one: <input type="checkbox"/> Lease <input type="checkbox"/> Own - If own, outstanding loan = \$ _____			
Make/Model: _____ Year: _____ Estimated Value of Vehicle: \$ _____			
Check one: <input type="checkbox"/> Lease <input type="checkbox"/> Own - If own, outstanding loan = \$ _____			
Business Assets			
Do you own or have partial interest in a business or company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Own Fully <input type="checkbox"/> ____% Ownership			
If yes, please list and attach the latest set of financial statements available.			
Name of Business or Company		Address	
Other Assets			
Savings	\$ _____	Bonds	\$ _____
Investment Accounts	\$ _____	Securities	\$ _____
GICs	\$ _____	Trust & Inheritance	\$ _____
Stocks	\$ _____	Other Assets over \$5000	\$ _____

EXPENSE INFORMATION	
<i>Please calculate annual expenses from 2017 below. Place a value of \$0 to those lines that do not apply.</i>	
Expenditures	Annual 2017
Mortgage Payments for All Owned Properties	\$ _____
Property Taxes for All Owned Properties	\$ _____
Rent	\$ _____
Loan(s) (purpose _____)	\$ _____
Car Lease (s)	\$ _____
Utilities (gas, hydro, phone, cable, internet)	\$ _____
Insurance (home, car, life)	\$ _____
Registered Savings Plan Contributions	\$ _____
Cost of Vacations	\$ _____
Child Care Expenses	\$ _____
Memberships	\$ _____
Classes/Activities (dance, swimming, hockey, etc.)	\$ _____
Summer Camp	\$ _____
Synagogue Membership	\$ _____
Medical/Dental Expenses	\$ _____
Household University/College Tuition Paid	\$ _____
Other - Please list	\$ _____
Other - Please list	\$ _____
Total = \$	_____

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We/I hereby certify that the above information is true, correct, and complete in every respect

We/I understand that misrepresentation or non-disclosure may void any agreed bursary assistance and that we/I may be required to provide additional information and/or supporting documents for this application to be considered by the Assessment Committee. This application will be cancelled and/or any bursary withdrawn if any relevant information has been withheld, or is misleading in any way. Should circumstances change during the 2018-19 school year and we/I no longer need additional bursary assistance, we/I acknowledge that we/I must immediately report this to the Finance Department. We/I understand that the Parental Contribution will be adjusted accordingly from that point forward (making bursary assistance available to help other families in need).

*Signature of parent/guardian:	Date:
*Signature of parent/guardian:	Date:

*Both parents/guardians need to sign this form, either on the same form or in counterparts.