



## ST. BONIFACE DIOCESAN HIGH SCHOOL

282 Dubuc Street, Winnipeg, Manitoba R2H 1E4

Tel: 204-987-1560

Fax: 204-237-9891

Email: [admin@sbdhs.net](mailto:admin@sbdhs.net)

[www.sbdhs.net](http://www.sbdhs.net)

### BURSARY APPLICATION – 2020/2021 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](mailto: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 2019 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 May 1, 2020 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 2020.
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](mailto: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**

---

#### APPLICATION DEADLINE - FRIDAY MAY 1, 2020

**Please note:** Consideration may not be able to be given to a LATE application

## FOR OFFICE USE ONLY:

DATE \_\_\_\_\_ APPLICATION # \_\_\_\_\_ VERIFIED \_\_\_\_\_ AMOUNT AWARDED \_\_\_\_\_

**ST. BONIFACE DIOCESAN HIGH SCHOOL**  
**BURSARY APPLICATION – 2020/2021 ACADEMIC YEAR**

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

**1. IDENTIFICATION****FIRST STUDENT**

NAME SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

GRADE SEPT 2020 \_\_\_\_\_ LIVES WITH \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_

**SECOND STUDENT**

NAME SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

GRADE SEPT 2020 \_\_\_\_\_ LIVES WITH \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_

**THIRD STUDENT**

NAME SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

GRADE SEPT 2020 \_\_\_\_\_ LIVES WITH \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_

**2. PARENTAL / GAURDIAN IDENTIFICATION****FATHER, STEPFATHER OR GUARDIAN**

NAME \_\_\_\_\_

SURNAME FIRST

PHONE NUMBER DAY \_\_\_\_\_ CELL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS (If different from above):

STREET \_\_\_\_\_

CITY AND POSTAL CODE \_\_\_\_\_

**MOTHER, STEPMOTHER OR GUARDIAN**

NAME \_\_\_\_\_

SURNAME FIRST

DAY \_\_\_\_\_ CELL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. Who is completing this Application?

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_

## 4. 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

If any dependent children are not attending school, please explain:

---



---

## 5. 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. \_\_\_\_\_

## 6. 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. _____	_____	_____

## 7. PARENTS' (GUARDIANS') ANNUAL INCOME TAX FOR 2019 (as shown on 2019 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	_____
<b>TOTAL FAMILY INCOME BEFORE DEDUCTIONS</b>	_____

8. Do you expect your family income to change during the 2020-2021 school year? \_\_\_\_\_

9. Have you applied, or will you be applying, for any other financial aid for the 2020-2021 school year? YES \_\_\_\_ NO \_\_\_\_

10. Amount of Bursary requested \_\_\_\_\_

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

12. 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

- **A bursary will not be granted to cover the full cost of tuition. A financial commitment is required by the applicant's family. Bursaries will not be given for capital fund donation or activity fees.**
- **If an applicant's family is NOT in good standing and up to date with all previous financial commitments to the school or has NOT made suitable arrangements for same, this application cannot be considered.**
- **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