



APPLICATION FOR BURSARY ASSISTANCE

Immaculate Heart of Mary School
650 Flora Avenue Winnipeg Manitoba R2W 2S5
Phone: 204-582-5698 or 204-589-2709
Email: ihms@ihms.mb.ca

FOR OFFICE USE ONLY -

date received _____ received by _____
total tuition owing _____ paid to date _____
 CRA notice of assessment attached

FAMILY INFORMATION

FAMILY NAME _____ ACADEMIC YEAR _____

DEPENDENT(S) -Surname, Given Name(s)

TOTAL NUMBER OF DEPENDENT(S) - as claimed for income tax purposes _____

FATHER / GUARDIAN

MOTHER / GUARDIAN

surname _____ given name _____

surname _____ given name _____

home no. _____ cell no. _____

home no. _____ cell no. _____

personal e-mail _____

personal e-mail _____

work no. _____

work no. _____

occupation _____

occupation _____

employer _____

employer _____

TOTAL ANNUAL FAMILY INCOME:

- under \$15,000
 \$15,000-\$20,000
 \$20,000-\$25,000
 \$25,000-\$30,000
 \$30,000-35,000
 \$35,000-\$40,000
 \$40,000-\$45,000
 \$45,000-\$50,000
 \$50,000-\$55,000
 over \$55,000

Have you applied, or will you be applying for any other financial aid for the current school year in which a bursary is desired?

___ No ___ Yes, please list _____

Have you in previous years received any bursary assistance? ___ No ___ Yes

What are the special reasons (financial and/or academic) leading you to ask for a bursary? _____

parent / guardian signature _____

date _____

parent / guardian signature _____

date _____

Please return, along with a copy of both parents' last year's CRA Notice of Assessment, prior to October 31st. Without Notice of Assessment, applications will not be considered.