

2016 - 2017
St. Bonaventure's College Alumni Scholarship
 2A Bonaventure Avenue, St. John's, NL A1C 6B3 Tel: (709) 726-0024

Application Deadline: January 29, 2016

(Applications may not be considered if submitted beyond this date)

IMPORTANT - Your application cannot be considered unless you provide a copy of the following:

- Tax return for each parent for the year **2014**
- Notice of Tax Assessment for each parent for the year **2014**

Information provided is treated as strictly confidential

A) Name of student(s) attending St. Bonaventure's College

Name	Grade 2016/17	Tuition Fee Required
	<i>Total:</i>	
How much of this amount are you prepared to pay per month (over 10 months)?		
Number of dependent children		

B) Personal Information

Mother or Female Guardian Name:	
Address:	
Postal Code	Phone No.
Occupation:	Title:
Employed by:	How long?
Indicate: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal	
Indicate: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

Father or Male Guardian Name: _____

Address: _____

Postal Code _____ Phone No. _____

Occupation: _____ Title: _____

Employed by: _____ How long? _____

Indicate: Full time Part time Seasonal

Indicate: Single Married Common Law Widowed Divorced Separated

Student's Address: _____
 _____ Postal Code _____

Primary Contact Person: Name: _____

Phone (h): _____ (w) _____ (Mobile) _____

C) Parents' Annual Gross Income	2014	Estimated 2015
Gross Employment Earnings: Mother or Female Guardian		
Gross Employment Earnings: Father or Male Guardian		
Alimony, Child support (Including cash)		
Child tax benefit		
Social Assistance		
Rental Income, etc.		
EI Insurance		
Total Income		

D) Explanation of any Significant Changes in the estimated 2015 income (if necessary please attach):

E) Parents' Assets

Bank Accounts (total of savings & chequing, including student(s) accounts)	
Other investments	

F) Parents' Annual Expenses

Annual Home Payments per year (mortgage or rent)	
Annual Vehicle Payments (loan/lease payments)	
Other debt payments explain (attach if necessary)	

G) Other Expenses

Day-Care Expenses	
Club and Membership Fees	
Summer Camp Expenses	
Family Vacation Expenses	
Medical & Dental Expenses not covered by insurance	
Music Lessons	
Sports Teams	
Unusual expenses anticipated for 2015-2016 (Attach information if necessary)	

I declare the information contained in this application is accurate and reflects our true financial position.

Signature

Date

Print clearly your name

Relationship to child

- () Enclosed tax returns for 2014
- () Enclosed Notice of Assessment for 2014
- () Indicated amount you are willing to pay.