

Guardian 1

WINNIPEG MENNONITE ELEMENTARY SCHOOLS, INC

250 Bedson Street, Winnipeg, Manitoba R3K 1R7, Ph: 204.885.103226 Agassiz Drive, Winnipeg, Manitoba R3T 2K7, Ph: 204.261.9637

Guardian 2

BURSARY APPLICATION

Bursaries are available to a maximum of 50% of the net tuition fees after any discounts. The amount to be considered for any individual student will be at the Board's discretion. To enable the decision-making process to be as equitable as possible, and because the bursary budget does not allow for all requests to be accepted, applicants will be asked to respond to questions regarding their family financial status. The budgeted amount will be distributed among those families deemed to be the most in need. All information will be maintained on a very confidential basis, and will be reviewed only by the Bursary Committee, consisting of two board members and senior administration. Applications submitted by May 2 prior to the school year aid is needed will be considered in the first round of awards.

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|--|---|------------------|---|---|
| Surname: | | | | |
| Given Name(s) | | | | |
| Marital Status | | | | |
| Total Income as per atest Notice of Assess (attach copy) | sment | | | |
| Projected Total Incom for current year; | ne | | | |
| Phone: | | | | |
| Email: | | | | |
| | u receive any financial ass saries, assistance from relo | | another source not reported on your y, child support)? | - |
| Source | | Ar | nnual Amount | |
| Number of childre | en in the family | | | |
| Children registere | d at WMES: | | | |
| Name | | _ Grade | | |
| Name Name | | _ Grade Grade | | |
| | | _ | | |

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ASSETS: (estimated current value) Bank Accounts (chequing/savings) R.R.S.P. Amounts Life Insurance Cash Surrender Value Vehicles ____ Residence _____ Cottage ____ Other____ LIABILITIES: Personal Loans – Amount _____ Monthly Payment _____ Credit Card Balance _____ Mortgage Loans _____ Other _____ **REFERENCES:** Employer or Banker Briefly state your reasons for requesting a bursary Amount of Bursary requested \$ I certify that the information provided above is true. Date Signature

***PLEASE RETURN THIS APPLICATION (together with your Notice of Assessment from Canada Revenue Agency) TO THE ATTENTION OF THE BURSARY COMMITTEE (via either school office) or email tricia.toews@wmems.ca. ***