



# Calvin Christian Reformed Church

## Christian Education Bursary Application

### A. Family Identity:

**Instructions:**

A) Fill in this form in Adobe Reader and print and sign **or**  
B) Print the form and fill in by hand.  
When complete, place in the mail slot of the designated bursary deacon.

1. Family Name: \_\_\_\_\_

Parents' first names: \_\_\_\_\_

2. Family Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### B. School Enrollment:

List the OACS schools where your children are or will be enrolled:

School: \_\_\_\_\_

Number of children: \_\_\_\_\_

Tuition Payable: \_\_\_\_\_

School: \_\_\_\_\_

Number of children: \_\_\_\_\_

Tuition Payable: \_\_\_\_\_

Total Tuition: \_\_\_\_\_

### C. Family Financial Resources:

1. Parents' combined earnings  
(Line 150 previous year individual income tax return(s)) \_\_\_\_\_

2. Other income: \_\_\_\_\_

Specify: \_\_\_\_\_

**Other Income:** If you or your spouse are self-employed it is possible that line 150 of your tax return reflects only part of your total annual income (e.g. income is re-invested in a business rather than withdrawn as salary). Please enter any increase in your business equity that is in addition to the salary you withdrew as declared in line 1.

3. Non-taxable income: \_\_\_\_\_

**Non-taxable income:** Income not included line 1 and 2. (e.g. if your spouse earned less than the CRA reportable, housing allowances, etc.).

4. Total tax paid (line 435): \_\_\_\_\_

5. Please attach a photocopy of the page of your tax return(s) that contains line 150.

**D. Circumstances:**

If your personal circumstances contain any special considerations - e.g. a child with disability or support of elderly parents, please explain below.

**E. Signature:**

I confirm that all statements made in this application are accurate and truthful.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_