



WINNIPEG
Mennonite
Elementary & Middle Schools

CENTRAL OFFICE

250 Bedson Street, Winnipeg, Manitoba, R3K 1R7
 Ph: 204.885.1032, Fax: 204.897.4068

26 Agassiz Drive, Winnipeg, Manitoba, R3T 2K7
 Ph: 204.261.9637, Fax: 204.275.5181
www.wmems.ca

BURSARY APPLICATION 2017-2018

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 the end of April 2017 will be considered in the first round of awards.

Mother/Female Guardian
 ___Mrs. ___Ms. ___Dr. ___Prof. ___Rev.

Father/Male Guardian
 ___Mr. ___Dr. ___Prof. ___Rev.

Surname:		
Given Name(s)		
Marital Status		
Total Income as per 2016 Notice of Assessment (attach copy)		
Projected Total Income For 2017;		
Daytime Phone:		
Evening Phone		

As a family do you receive any financial assistance from another source not reported on your tax return (eg. Bursaries, assistance from relatives alimony, child support)?

Source _____ Annual Amount _____

Number of children in the family _____

Children registered at WMEMS: (the grade enrolled for 2017-18)

Name _____	Grade _____	
Name _____	Grade _____	
Name _____	Grade _____	

(Please turn over)

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:

Pastor's Name and Phone # _____

Church Affiliation or Membership _____

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 2016 Notice of Assessment from Canada Revenue Agency) TO THE ATTENTION OF THE BURSARY COMMITTEE (via either school office)*****