



FINANCIAL ASSISTANCE APPLICATION

APPLICATION DEADLINE DECEMBER 15

The Socrates Educational Foundation is bound and abides by strict confidentiality rules.

The information you provide is governed by the Act Respecting the Protection of Personal Information In the Private Sector

THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION FORM BY DECEMBER 15:

- a) A copy of the last two (2) years of the **FEDERAL NOTICE OF ASSESSMENT & the PROVINCIAL AVIS DE COTISATION** (both parents, if applicable);
- b) A copy of the applicant's housing lease agreement or mortgage bank statement(s);
- c) The two (2) most recent copies of Social Welfare proceeds cheque stubs (if applicable);
- d) A copy of the initial letter sent to the applicant by the Social Welfare Department of the Québec Government (if applicable);
- e) A court affidavit specifying who is responsible for the child/children (if the applicant is a single-parent with legal custody of the child/children), and, if the person receives child support payments (if applicable);
- f) A copy of the applicant's most recent pay stub (both parents, if applicable).

Please check the boxes to indicate the documents you have included

NAME OF PARENT FILLING THE APPLICATION:



ALL SECTIONS MUST BE FILLED IN FOR THE APPLICATION TO BE PROCESSED
(MARK N/A OR PLACE LINE THROUGH SECTIONS THAT DO NOT APPLY)

ALL SECTIONS ARE MANDATORY. – PLACE A LINE THROUGH SECTIONS THAT DO NOT APPLY

STUDENT INFORMATION - This information needs to be completed for each student applying for aid
Please Print

1 Family Name: _____ First Name: _____

Birth Date: _____

Gender: Female Male

Citizenship: _____

Registering for grade: _____ School Campus _____

2 First Name: _____

Birth Date: _____

Gender: Female Male

Registering for grade: _____

3 First Name: _____

Birth Date: _____

Gender: Female Male

Registering for grade: _____

FAMILY INFORMATION

Number of children living at home: _____ Ages: _____

Parents Marital Status: Married Separated Divorced Widowed Common-Law (Living together for 12 continuous months)



ALL SECTIONS ARE MANDATORY. – PLACE A LINE THROUGH SECTIONS THAT DO NOT APPLY

PARENT INFORMATION (PLEASE PRINT)

Mother's Family Name: _____ First Name: _____

Mother's Address: _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

Occupation _____

Employer _____

Please state if self-employed, the name of the business: _____

Position: _____ Hourly Salaried **Gross Annual income:** _____

Employer/Business address: _____

Father's Family Name: _____ First Name: _____

Father's Address (IF DIFFERENT FROM ABOVE): _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

Occupation _____

Employer _____

Please state if self-employed, the name of the business: _____

Position: _____ Hourly Salaried **Gross Annual income:** _____

Employer/Business address: _____

This Application was filled out by Mother Father Other (Explain) _____



ALL SECTIONS ARE MANDATORY. -- PLACE A LINE THROUGH SECTIONS THAT DO NOT APPLY

HOUSING STATUS OF APPLICANT PARENT

Rent - Monthly Rent: _____ Insurance per Month (If Applicable): _____

OR

Own - Monthly mortgage: _____ Year Purchased: _____

Is your homeowner's insurance included in your mortgage payment? Yes___ No___ Amount per month, if No: _____

Are your taxes included in your mortgage payment? Yes ___ No___

Balance of Mortgage: _____ Property Taxes: _____

OTHER REAL ESTATE INFORMATION

Do you own real estate other than your home? Yes ___ No___ Monthly Mortgage_____

Is the insurance included in your mortgage payment? Yes___ No___ Amount per month, if No: _____

Are the taxes included in your mortgage payment? Yes ___ No___

Balance of Mortgage: _____ Taxes: _____

Address of property: _____

Please include a copy of the Lease Agreement or Mortgage Bank Statements for ALL properties owned.

LIABILITY INFORMATION

CREDIT CARDS

Name (VISA, MC, etc.)	Credit Card Limit	Current Balance	Minimum Monthly Payment



ALL SECTIONS ARE MANDATORY. – PLACE A LINE THROUGH SECTIONS THAT DO NOT APPLY

LIABILITY INFORMATION (Cont.)

VEHICLES

Vehicle Make & Year	OWN, LOAN or LEASE	Balance	Monthly Payment	Insurance Per Month

OTHER LOANS, LINE OF CREDIT, DEBTS, OR OBLIGATIONS

Description	Balance	Monthly payment

UTILITIES / MEDICAL COSTS (not covered by insurance or Medicare) PER MONTH

Description	Amount/Month
ELECTRICITY	
HEATING	
TELEPHONES	
MEDICAL	
OTHER (PLEASE DESCRIBE)	

OTHER COSTS

BUSING REQUIRED NO _____, YES _____ ONE-WAY TWO-WAY

SERVICE DE GARDE (IF APPLICABLE) \$ _____

BALANCE OF UNPAID TUITION AT SOCRATES-DÉMOSTHÈNES: \$ _____



ALL SECTIONS ARE MANDATORY. – PLACE A LINE THROUGH SECTIONS THAT DO NOT APPLY

OTHER SOURCES OF INCOME INCLUDING INCOME ASSISTANCE INFORMATION (Check all that apply)

- | | |
|---|--------------------------|
| <input type="checkbox"/> PROVINCIAL - PRESTATION FAMILIALE | Amount monthly: \$ _____ |
| <input type="checkbox"/> FEDERAL - CHILD TAX BENEFIT | Amount monthly: \$ _____ |
| <input type="checkbox"/> PROVINCIAL - SOLIDARITY (QST) | Amount monthly: \$ _____ |
| <input type="checkbox"/> FEDERAL - HARMONIZED SALES TAX (GST) | Amount monthly: \$ _____ |
| <input type="checkbox"/> UNIVERSAL CHILD ALLOWANCE | Amount monthly: \$ _____ |
| <input type="checkbox"/> SHELTER ALLOWANCE | Amount monthly: \$ _____ |
| <input type="checkbox"/> ALIMONY INCOME | Amount monthly: \$ _____ |
| <input type="checkbox"/> CHILD SUPPORT RECEIVED | Amount monthly: \$ _____ |
| <input type="checkbox"/> MONTHLY ASSISTANCE – RRQ OR OAP-GIS | Amount monthly: \$ _____ |
| <input type="checkbox"/> OTHER (Please Specify) | Amount monthly: \$ _____ |

ADDITIONAL HELP

The SEF cooperates with the **Hellenic Ladies Benevolent Society (HLBS)** for school needs. Please indicate any additional needs you may have and authorize the SEF to share your information with the HLBS by signing here:

I require the following: _____

SIGNATURE OF PARENT APPLICANT: _____ Date: _____

Please list whether you have access to other organizations/resources that you apply for additional funding, regardless if your applications are accepted or not.

OTHER ASSETS/INVESTMENTS (RRSP, STOCKS, BONDS, TRUST, INHERITANCE, DIVIDENDS, etc.) or SOURCES OF INCOME (RENTAL PROPERTIES OR HOLDING COMPANIES, CAPITAL GAINS, etc.)

DESCRIPTION	AMOUNT PER MONTH OR VALUE



ALL SECTIONS ARE MANDATORY. – PLACE A LINE THROUGH SECTIONS THAT DO NOT APPLY

PARENT CONTRIBUTION TOWARDS TUITION FEES

Please indicate the **maximum amount** that you are able to contribute towards the tuition _____

I declare that all the information that I have provided in this application form is true, correct and complete and up to date in all respects and that I have not withheld any information.

I understand that the information I have provided will be used to determine my eligibility for financial assistance. I hereby authorize the Socrates Educational Foundation (hereinafter the "SEF") to obtain and verify any information it may require for this purpose from other sources (including, for example, credit bureau) and each source is hereby authorized to provide the SEF with such information.

I understand that if any of the statements I have made are inaccurate or false, the SEF reserves the right to seek reimbursement of the complete amount of the Financial Assistance awarded;

I agree to hold harmless the SEF and its respective officers, directors, employees, committee members from and against any damages and liabilities relating to its response pursuant to this financial request.

The applicant(s) agrees that this application be drawn in the **English language**.

NAME OF PARENT FILLING THE APPLICATION: _____

SIGNATURE OF PARENT APPLICANT: _____ Date: _____

This information will be used strictly for the purposes of verifying information prior to the awarding of financial assistance. This information will be held in adherence to **the Act Respecting the Protection of Personal Information in the Private Sector**.

All **incomplete applications** (ex: missing documents, form not fully completed) will not be reviewed by SEF. The incomplete applications will be kept for 4 weeks at which point SEF reserves the right to destroy all documents received and thus automatically reject the request.

Due to limited funds not all applicants may be considered.

Do not forget to enclose with your applications the following supporting documents by December 15:

- a) A copy of the last two (2) years of the **FEDERAL NOTICE OF ASSESSMENT & the PROVINCIAL AVIS DE COTISATION** (both parents, if applicable);
- b) A copy of the applicant's housing lease agreement or mortgage bank statement(s);
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