



Prairie Christian Academy
Christ-centred education since 1938
www.pca3hills.ca

APPLICATION FOR SOCIETY FEE ASSISTANCE

Prairie Christian Academy Society

PURPOSE

Prairie Christian Academy Society has established a limited financial assistance fund available for families with proven need. Fee assistance is intended to support families who have a short-term change in their financial status and cannot pay full society fees for a time. Fee assistance is not intended to be a long-term aid program. Recipients will receive up to 40% of their total society fees.

QUALIFICATIONS

Families applying for assistance will be asked to submit a summary of their financial position, along with their most recent Revenue Canada Notice of Assessment. Each family situation will be reviewed and assistance will be given to those with the greatest need. All information will be kept confidential and viewed only by the Finance Committee.

Please complete the application attached and returned or mail it to:
Prairie Christian Academy Society
c/o Finance Committee
Box 1756
Three Hills, AB
T0M 2A0

Applicants who have questions may call David Atmore, Executive Director of the Prairie Christian Academy Society, at 403-443-4220. The Finance Committee will endeavor to process each application as soon as possible.

SOCIETY FEE ASSISTANCE APPLICATION
Prairie Christian Academy Society

PARENTAL INFORMATION:

Father, Stepfather or Male Guardian

Mother, Stepmother or Female Guardian

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Company name

Company name

Phone: (Business) _____

Phone: (Business) _____

(Home) _____

(Home) _____

Church affiliation: _____

Church affiliation: _____

Single Separated Divorced

Single Separated Divorced

Mailing Address: _____

STUDENT INFORMATION:

Full Names of all
Dependent Children

Current
Age

Current
Grade

Name of
Current School

Full Names of all Dependent Children	Current Age	Current Grade	Name of Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever applied for assistance before? _____

When? _____ Amount granted? _____

Total fee due for 20__/20__ = \$ _____
(do not include fees such as extra school activities)

Total amount you feel able to pay = \$ _____

FINANCIAL INFORMATION:

Please fill out this section completely.

Monthly Income (before deductions)

Salaries & Wages (Father/Stepfather/Male Guardian) \$ _____
Salaries & Wages (Mother/Stepmother/Female Guardian) \$ _____
Alimony/Child Support Received \$ _____
Disability or Unemployment Benefits \$ _____
Child Tax Credit \$ _____
All other income \$ _____

TOTAL INCOME \$ _____

NET INCOME \$ _____

Monthly Expenses (not including PCA fees)

Church Tithe/Charities \$ _____
Savings, Bonds, etc. \$ _____
Rent/Mortgage \$ _____
Property Tax \$ _____
Credit Card Payments \$ _____
Insurance – Life, Health, Auto, Home, etc. \$ _____
Education (other than PCA) \$ _____
Auto Payments \$ _____
Auto – gas, upkeep, etc. \$ _____
Utilities – electricity, gas, phone, water, etc. \$ _____
Groceries \$ _____
Clothing, footwear, etc. \$ _____
Home – appliances, repair & maintenance \$ _____
Medical, dental, drugs, etc. \$ _____
Lessons – music, sports, etc. \$ _____
Entertainment – concerts, dining, etc. \$ _____
Miscellaneous \$ _____

TOTAL EXPENSES \$ _____

ADDITIONAL INFORMATION:

Please note any unusual circumstances or special problems not specifically noted in this application that would limit your ability to make fee payments.

REFERENCES:

Please provide us with the names of two references (relative, friend, employer).

Name: _____ Phone: (day) _____(eve) _____

Name: _____ Phone: (day) _____(eve) _____

PLEDGE:

We declare that the information on this form, to the best of our knowledge and belief, is true, accurate and complete. We hereby acknowledge that without this assistance we could not enroll our child/children, and that if our financial resources improve after assistance is granted, we will notify the school immediately to have the assistance lowered or discounted.

Signed: _____
Father/Stepfather/Male Guardian Mother/Stepmother/Female Guardian