



TUITION REDUCTION APPLICATION
student package: 2021/2022

Date of Application: _____

Student's Name: _____ D.O.B.: ____/____/____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Parent/Guardian 1's Name: _____

Occupation: _____ Current Employer: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Parent/Guardian 2's Name: _____

Occupation: _____ Current Employer: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Marital Status Married Single Separated Divorced Widowed Common Law

Who bears financial responsibility for this child: Both Parents Parent/Guardian 1

Parent/Guardian 2 Other (please specify) _____

Please list all children living in the home:

Name	Age	Anything relevant we should know?

Please list all adults living in the home:

Name	Relationship to Student	Earning Income? (Yes or No)

Financial Information
Total Household Income

NAME	GROSS YEARLY INCOME
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Sub Total:	\$ _____
Child Support/Maintenance:	\$ _____
Disability Tax Benefit:	\$ _____
Total Gross Household Income:	\$ _____

Briefly describe the household's financial and employment situation at the present time.

Are you expecting this situation change over the next year? If so, how?

What difference will receiving a tuition reduction make to your family's situation?

What amount of tuition reduction are you requesting?

The information provided in this form is true and represents fairly the current household situation.

Parent/Guardian 1 Signature

Dated

Parent/Guardian 2 Signature

Dated