

SOCIETY OF ST. VINCENT DE PAUL

Application for Post Secondary Education Assistance Support

Proof of Acceptance into the Program and Tuition Fees Paid must be attached for consideration. All information received is confidential

Date _____

Full Name _____ Phone No. _____

Address _____

Spouse or Partner's Full Name _____

Children – Names & Dates of Birth: _____

ENROLLMENT IN A RECOGNIZED PROGRAM IS MANDATORY

Name of Institution applied to: _____

Tuition Fees paid by (eg. loan) _____

Monthly Income from all sources (worksheet on reverse) _____

Monthly Expenses: _____

Expenses requiring assistance _____

Estimated amount: _____

Date required: _____

Referred by: _____ Phone No. _____

Applicant's Signature: _____

Please return your completed application form to:
 SOCIETY OF ST. VINCENT de PAUL
 St. Mary's Church
 63 Elgin Street
 Collingwood, On L9Y 3L6

Or email to ssvpcwood@gmail.com

Your application for assistance will be reviewed and you will be contacted for an interview.

WORKSHEET FOR INCOME/EXPENSES (MONTHLY)

INCOME	AMOUNT	EXPENSES	AMOUNT
OW		RENT	
ODSP		MORTGAGE	
EI		FOOD	
WC		GAS	
OAS		HYDRO	
CPP		OIL	
CTB		PROPANE	
CHILD/SUPPORT		PHONE	
EMPLOYMENT		CABLE	
OTHER		DEBTS (Specify)	
OTHER			
OTHER		OTHER	
		OTHER	
		OTHER	
TOTAL INCOME		TOTAL EXPENSES	