

# Bursary Application Form For the 2023-2024 School Year



## • FATHER/GUARDIAN 1

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

\_\_\_\_\_

☐ is fully financially responsible for the student(s) enrolled at MBCI

is partially financially responsible for the student(s) enrolled at MBCI ( \_\_\_\_\_ %)

Are you an official member of a Manitoba Mennonite Brethren Church (as of August 1, 2023)    Yes    No

Name of church \_\_\_\_\_

## • MOTHER/GUARDIAN 2

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

\_\_\_\_\_

☐ is fully financially responsible for the student(s) enrolled at MBCI

is partially financially responsible for the student(s) enrolled at MBCI ( \_\_\_\_\_ %)

Are you an official member of a Manitoba Mennonite Brethren Church (as of August 1, 2023)    Yes    No

Name of church \_\_\_\_\_

## • OTHER GUARDIAN — Please describe \_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

\_\_\_\_\_

☐ is fully financially responsible for the student(s) enrolled at MBCI

☐ is partially financially responsible for the student(s) enrolled at MBCI ( \_\_\_\_\_ %)

- NUMBER OF PEOPLE RESIDING IN THE HOME \_\_\_\_\_  
(including extended family members, boarders, etc.)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EVERYONE LIVING IN YOUR HOME

First Name	Last Name	School Attended in 2022-2023 (if any)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- FINANCIAL INFORMATION

Please list **ALL** of your sources of income:

Please describe the financial challenges you face? What implications do these challenges have?

How do you expect your financial situation might change in the next year?

• **NAME(S) AND GRADE(S) OF CHILD(REN) ATTENDING MBCI IN 2023/24**

First Name	Last Name	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- **INCOME:** Please report your income **from all sources**, including but not limited to: employment, employment insurance, Canada Emergency Response Benefit (CERB), other COVID relief funding, self-employment including cash earnings, tips, child support, childcare/babysitting, RRSP home buyers plan proceeds, Canada Child Benefit, GST Credit, Worker's Compensation benefits, CFS foster care subsidies, financial support from other family and friends, rent, pension, investment and any other income.

**Income Father/Guardian 1**

Gross Income (line 15000 from 2022 T1) \$ _____	Net Income (line 23600 from 2022 T1) \$ _____	Tax Payable (line 43500 from 2022 T1) \$ _____
Child Benefit Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____	GST Credit Payment <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually \$ _____	Self-Employment Income \$ _____
Other Income \$ _____ Type: _____	Other Income \$ _____ Type: _____	

**Income Mother/Guardian 2**

Gross Income (line 15000 from 2022 T1) \$ _____	Net Income (line 23600 from 2022 T1) \$ _____	Tax Payable (line 43500 from 2022 T1) \$ _____
Child Benefit Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____	GST Credit Payment <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually \$ _____	Self-Employment Income \$ _____
Other Income \$ _____ Type: _____	Other Income \$ _____ Type: _____	

**Income Other Guardian**

Gross Income (line 15000 from 2022 T1) \$ _____	Net Income (line 23600 from 2022 T1) \$ _____	Tax Payable (line 43500 from 2022 T1) \$ _____
Child Benefit Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____	GST Credit Payment <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually \$ _____	Self-Employment Income \$ _____
Other Income \$ _____ Type: _____	Other Income \$ _____ Type: _____	

• **ASSETS & LIABILITIES:** Describe and provide a value for each of your assets and liabilities.

Home	Own	Rent			
Purchase Date	Purchase Price	Current Fair Market Value			
_____	\$ _____	\$ _____			
Mortgage Balance	Mortgage or Rent Payment	Frequency of Payment	<input type="checkbox"/> Weekly	<input type="checkbox"/> Semi Monthly	
\$ _____	\$ _____		<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	

**Vehicle 1**

Purchase Date

Year

Make

Model

Purchase Price

\$ \_\_\_\_\_

Balance Outstanding

\$ \_\_\_\_\_

Payment

\$ \_\_\_\_\_

☐ Weekly ☐ Semi Monthly☐ Bi-weekly ☐ Monthly**Vehicle 2**

Purchase Date

Year

Make

Model

Purchase Price

\$ \_\_\_\_\_

Balance Outstanding

\$ \_\_\_\_\_

Payment

\$ \_\_\_\_\_

☐ Weekly ☐ Semi Monthly☐ Bi-weekly ☐ Monthly

Total Value of Recreational Vehicles (RV/Trailer, Boat, Motorcycle, Snowmobile, etc.)

\$ \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

RRSP Funds

\$ \_\_\_\_\_

RESP Funds

\$ \_\_\_\_\_

Any other savings or investments

\$ \_\_\_\_\_

Line of Credit

\$ \_\_\_\_\_

Credit Card Balance(s)

\$ \_\_\_\_\_

Other Liabilities

\$ \_\_\_\_\_

**• CONTACT FOR THIS APPLICATION**

First Name

Last Name

Email

Phone Number

**PROCESS:**

Please include the following information for each parent/guardian, along with your application (failure to do so will result in delays):

- 2022 T1 Notice of Assessment from the Canada Revenue Agency
- 2022 T2125 Statement of Business or Professional Activities for self-employed earnings
- Current pay stub(s)

Your application and supporting documents can be emailed to [bursary@mbsi.mb.ca](mailto:bursary@mbsi.mb.ca), faxed to 204-661-5091, dropped off at the school office or mailed to MBSI, 173 Talbot Avenue, Winnipeg, MB R2L 0P6.

Once all documents are received, we will contact you to acknowledge receipt and to arrange an interview.

MBSI reserves the right to request any other documents such as mortgage statements, rent receipts, bank statements, etc. in order to substantiate claims made on this application.

All information is held in the strictest of confidence and is only utilized in assessing the applicant's need for bursary funding.

I/We hereby certify that the above information fully discloses all of my/our sources of income, assets and liabilities. I/We understand that failure to fully disclose all of my/our financial information may disqualify me/us for bursary funding.

**Father/Guardian 1**

First &amp; Last Name:

Signature:

Date:

**Mother/Guardian 2**

First &amp; Last Name:

Signature:

Date:

**Other Guardian**

First &amp; Last Name:

Signature:

Date: