Dear Student Family,

Thank you for choosing Vianney Academy for your child’s education. We enthusiastically support Vianney Academy’s mission to meet students’ educational, physical, emotional and social needs in order to maximize their learning potential. Vianney Academy of Learning supports this mission by providing scholarships and bursaries to families with dependents attending Vianney Academy.

Please take the time to consider this application so that we may better serve you. If you have any questions do not hesitate to reach out.

Sincerely,

Vianney Academy of Learning

**General Information**

Student(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver/Guardian (1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status of Caregiver(s)/Guardian(s):

Single / Married / Divorced / Widowed / Separated / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver/Guardian (2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status of Caregiver(s)/Guardian(s):

Single / Married / Divorced / Widowed / Separated / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of dependents in household:\_\_\_\_\_\_\_\_

Number of dependents wishing to attend Vianney Academy: \_\_\_\_\_\_\_\_\_\_

Is student’s/students’ attendance at Vianney Academy contingent upon receiving financial aid?

YES / NO

**Income and Expenses**

Caregiver/Guardian (1)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/hour/Week/2x a Month/Bi-weekly/Annually **(Please Circle One)**

Do you receive any of these forms of income assistance:

* Employment Insurance
* ODSP
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, I do not receive any form of income assistance.

Caregiver/Guardian (2)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/hour/Week/2x a Month/Bi-weekly/Annually **(Please Circle One)**

Do you receive any of these forms of income assistance:

* Employment Insurance
* ODSP
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, I do not receive any form of income assistance.

**Personal Statement**

Please use the space below or attach a separate document explaining any further details you believe are relevant to this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide the following supporting documents:**

* Last Pay stub

or

* E.I/ODSP Stub

**Please initial below:**

\_\_\_\_\_\_ I/we declare that the answers given on this application are true and correct to the best of my/our knowledge.

\_\_\_\_\_\_I/we agree to tell Vianney Academy of Learning as soon as possible, if there are any changes in the information provided in this application.

\_\_\_\_\_\_I/we understand that Vianney Academy of Learning is required by law to keep any information I/we provide confidential.

|  |
| --- |
| Signature of Caregiver/Guardian (1):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature of Caregiver/Guardian (2):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |