

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: _____

Telephone Number: _____

Email: _____

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.

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: _____