

Please note that the applications provided are NOT pdf fillable and that in order to complete qualification for the Bursary, must be presented through the qualifying school and not sent to The Prosser Charitable Foundation directly. Any applications submitted directly by a parent/guardian to The Prosser Charitable Foundation will be automatically disqualified.

Parent's Choice Bursary Program Application Form

Please see the News/Events page on The Prosser Charitable Foundation website for all current deadline dates.
www.theprossercharitablefoundation.ca

**PLEASE NOTE THAT THE APPLICATION WILL ONLY BE CONSIDERED IF
MADE THROUGH YOUR SCHOOL**

Complete a separate application form for each student

New application

Renewal Application

Participating Independent School Name _____

Student Legal Surname _____

Student Legal Given Names _____ SIN _____

Date first enrolled at This School _____ Grade enrolled 2026/27 School Year _____

Name of Parent(s) or Guardian _____

Address _____

City _____ Province _____ Postal Code _____

Home Telephone Number _____ Cell/Mobile Telephone Number _____

School Section: (Please have Principal or designate complete)

Verification of enrollment: I certify that the above-named student(s) are currently registered at the participating school identified above: _____

Signature _____

(Please print) Name _____ Title _____

Phone: _____ Email: _____

Annual Cost of Tuition for Student* _____

*Actual net cost of Tuition for this student (Listed tuition less any discounts offered)

Bursary Amount Requested _____ (maximum of \$5,000)

Applications are given the following priorities for funding:

1. Current bursary recipients
2. New students enrolled at participating schools for the first time (those entering the first year offered preferred)
3. All other students.

Household Information:

Do any of your children already receive a Parent's Choice Bursary? Yes No

How many people live in your household?

# of Parents/Guardians	# of Children	# of Other Adults	Total # of People

Estimated total household income for 2026: _____

Where did you hear about Parent's Choice? _____

Evidence of financial need must accompany this application

Statement of Financial Need:

I/we have been approved for a government approved low income support program. Common examples of such programs are:

- Calgary Transit Subsidized Transit Pass
- Assured Income for Handicapped Persons Status
- Subsidized rent for city housing or approved housing cooperative

Please provide a copy of any of the above documents OR

A copy of The Income Tax Notice of Assessment for the last tax year for each parent (or parent if sole supporter of the child) or guardian of the student bursary applicant.

PRIVACY AND CONSENT

The Prosser Charitable Foundation respects your privacy. For detailed information regarding the Foundation's privacy policy, please contact Ms. Kathy Prosser at tel. 403-244-6808.

- The information that I provided for this application is true, accurate and complete.
- I am aware that providing incomplete or false information will be considered fraud and will affect my ability to access future funding.
- I am aware that the granting of this bursary(s) is subject to conditions listed in my acceptance letter.
- I authorize The Prosser Charitable Foundation to distribute this application to the Selection Committee for review.

I, _____, being the parent or guardian of _____
certify that the information contained in the above application is correct:

Signature of Parent or Guardian _____ Date _____