

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](http://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 \_\_\_\_\_