



CONFIDENTIAL
 Port Moody Secondary School
 Local Scholarship Package
FINANCIAL NEED INFORMATION FORM

- This form must be completed if applying for financial-need Bursaries
- Eligibility is based on your parent/ Guardians' income and other information supplied
- ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE

NAME _____ Phone Number _____ PMSS Student# _____
 Email (personal) _____

Parent's Financial Information (All information is confidential)

Parent/ Guardian 1	Parent/ Guardian 2
Name	Name:
Relationship to you:	Relationship to you:
Address Please check applicable box: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Address Please check applicable box: <input type="checkbox"/> Rent <input type="checkbox"/> Own
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Annual Gross (before taxes) Income:	Annual Gross (before taxes) Income

Student Background Information:

1. Do you have a part-time job? If yes, how many hours per week do you work? Yes No # of Hrs _____
2. Do you have any other siblings living at home with your parents? Yes No # of Sibs _____
3. Do you have any other siblings attending Post-Secondary school? Yes No # of Sibs _____

List up to 4 Post-Secondary Schools applied to:

1.	3.
2.	4.

Summary of Parent/Guardian and Student Resources (per year):

1. Student Savings	\$
2. Anticipated Scholarships (e.g., Entrance, District, Provincial, External, etc.)	\$
3. Financial Assistance from family (parents/guardian/grandparents/relatives)	\$
4. Assistance from any other source, e.g, RESP	\$
5. Other	\$
TOTAL	\$

Summary of estimated expenses per year

1. Tuition	\$
2. Books	\$
3. Accommodation	\$
TOTAL	\$

Why do you feel you are a candidate for financial need?



Optional: Describe special financial circumstances (i.e. single parent family, job loss, medical expenses...)

