

TERRY FOX SECONDARY SCHOOL
CONFIDENTIAL FINANCIAL NEED INFORMATION FORM
(This form must be completed if applying for a bursary)

Name: _____ Student# _____

Post-Secondary Institutions You Applied To : _____

STUDENT RESOURCES

a) Savings \$ _____

b) Anticipated scholarships _____

c) Financial assistance from
parents _____

TOTAL \$ _____

YEARLY POST SECONDARY EXPENSES (approx.)

Tuition \$ _____

Books _____

Transportation _____

Food _____

Other (Rent etc.) _____

TOTAL \$ _____

BACKGROUND INFORMATION

Do you have a part-time job? Yes ☐ No ☐

If yes, how many hours per week do you work? _____

Do you have any siblings currently attending
post secondary? Yes ☐ No ☐

FATHER

Name: _____

Address: _____

Occupation: _____

MOTHER

Name: _____

Address: _____

Occupation: _____

Approximate annual family income (taxable income) _____

Financial Need Information

In the space below, please provide any further information which may assist the Scholarship Committee in determining your financial need.

Student Signature: _____

Parent Signature: _____

Date: _____