

# THE OAKVILLE CHILDREN'S CHOIR BURSARY APPLICATION

Note: Any information submitted with this application will be held in the strictest confidence. Please complete and return this application along with copies of your 2016 Income Tax Notice of Assessment from Revenue Canada to the OCC office by the September 1<sup>st</sup>, 2017 deadline. If you are new to Canada and do not have this documentation please indicate so on your application, all other applicants must provide this document in order to be considered for this program.

Chorister 1 Name \_\_\_\_\_ Choir \_\_\_\_\_

Chorister 2 Name \_\_\_\_\_ Choir \_\_\_\_\_

Chorister 3 Name \_\_\_\_\_ Choir \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's address (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Email address \_\_\_\_\_

Singer lives with:      Mother      Father      Both      Other (specify) \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's annual employment income \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's annual employment income \_\_\_\_\_

Names and ages of other siblings/dependents

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**3. Real Estate**

Year purchased: \_\_\_\_\_ Present Market Value \$ \_\_\_\_\_

Purchase Price \_\_\_\_\_ Mortgage(s) outstanding \$ \_\_\_\_\_

Total monthly payment for mortgage and taxes: \$ \_\_\_\_\_

4. **Bank Accounts** – total of chequing and/or savings accounts \$ \_\_\_\_\_

5. **Term Deposits/GICs/Portfolio Investments/Shares/Mutual Funds/Bonds** \$ \_\_\_\_\_

6. **Retirement Savings Assets** (RRSPs, etc.) \$ \_\_\_\_\_

**7. Business Information**

Equity/Partnership Investments (more than 5%) Percentage of ownership \_\_\_\_\_%

Total Assets \$ \_\_\_\_\_ Gross Revenue \$ \_\_\_\_\_

Total Liabilities \$ \_\_\_\_\_ After Tax Profit \$ \_\_\_\_\_ Net share \_\_\_\_\_

**8. Other Assets**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. List family cars owned or leased:**

\_\_\_\_\_  
(Make and year) (Make and year)

Total value \$ \_\_\_\_\_ Current total car debt \$ \_\_\_\_\_

Lease payments \$ \_\_\_\_\_

10. **If paying rent for your family residence, provide total annual rent** \$ \_\_\_\_\_

11. **Consumer debts owing** (personal loans, lines of credit, credit cards, etc.) \$ \_\_\_\_\_

12. **Other debts** (excluding above mortgages and consumer debt) \$ \_\_\_\_\_

13. **Monthly** personal debt payments for 10, 11 and 12 above \$ \_\_\_\_\_

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**OTHER FINANCIAL INFORMATION – Please use the indicated line item number from your Revenue Canada income tax return.**

Monthly Income / Line #	Adult 1	Adult 2	Adult 3	Adult 4
<input type="checkbox"/> Pension Income / #115	\$	\$	\$	\$
<input type="checkbox"/> CPP/OAP / #114	\$	\$	\$	\$
<input type="checkbox"/> ODSP/ Ontario Works / #145	\$	\$	\$	\$
<input type="checkbox"/> Employment Insurance / #119	\$	\$	\$	\$
<input type="checkbox"/> Child/Spousal Support / From lines #128 or #156	\$	\$	\$	\$
<input type="checkbox"/> Workers Compensation / #144	\$	\$	\$	\$
Total by adult	\$	\$	\$	\$
Total Income of all adults	\$			

Is there any significant financial income change expected within the next 12 months      \$ \_\_\_\_\_

Trust funds that any of the family are beneficiaries of:      \$ \_\_\_\_\_

Restriction on use of trust funds, if any \_\_\_\_\_

By signing below, we are affirming that all information provided in the application and back up documentation is accurate and complete.

Parent/Guardian (1) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (2) Signature \_\_\_\_\_ Date \_\_\_\_\_