



## ANNUAL FINANCIAL ASSISTANCE APPLICATION

**APPLICATION DEADLINE: JANUARY 10, 2023**

The Socrates Educational Foundation is bound and abides by strict confidentiality rules.

The information you provide is governed by the Act Respecting the Protection of Personal Information In the Private Sector

**FOR YOUR APPLICATION TO BE PROCESSED, ALL REQUESTED DOCUMENTS MUST ACCOMPANY THIS FINANCIAL ASSISTANCE APPLICATION FORM.**

- a) A copy of the last two (2) years of the **FEDERAL NOTICE OF ASSESSMENT T451 & the PROVINCIAL AVIS DE COTISATION TPF** (both parents, if applicable);
- b) A copy of the applicant's housing lease agreement or mortgage bank statement(s);
- c) The two (2) most recent copies of Social Welfare proceeds cheque stubs (if applicable);
- d) A copy of the initial letter sent to the applicant by the Social Welfare Department of the Québec Government (if applicable);
- e) A court affidavit specifying who is responsible for the child/children (if the applicant is a single-parent with legal custody of the child/children), and, if the person receives child support payments (if applicable);
- f) A copy of the applicant's most recent pay stub (both parents, if applicable).

Please check the boxes to indicate the documents you have included

PLEASE NOTE: YOUR FORM & ALL DOCUMENTS MUST COME TO US THROUGH REGULAR MAIL

**NAME OF PARENT FILLING THE APPLICATION:**

\_\_\_\_\_

**Return to :** La Fondation Éducationnelle Socrate – 32, rue Creswell, D.D.O., Qc. H9B 1W7  
**Contact Number :** (514) 558-1599, **E-Mail :** [socratesef@gmail.com](mailto:socratesef@gmail.com), **Web site :**



ALL SECTIONS MUST BE FILLED IN FOR THE APPLICATION TO BE PROCESSED  
(MARK N/A OR PLACE LINE THROUGH SECTIONS THAT DO NOT APPLY)

ALL SECTIONS ARE MANDATORY. – PLACE A LINE THROUGH SECTIONS THAT DO NOT APPLY

**STUDENT INFORMATION** - This information needs to be completed for each student applying for aid  
**Please Print**

**1** Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: Y/M/D \_\_\_\_\_

Gender:  Female  Male

Citizenship: \_\_\_\_\_

School Campus: \_\_\_\_\_ Registering for grade \_\_\_\_\_

**2** First Name: \_\_\_\_\_

Birth Date: Y/M/D \_\_\_\_\_

Gender:  Female  Male

Registering for grade: \_\_\_\_\_

**3** First Name: \_\_\_\_\_

Birth Date: Y/M/D \_\_\_\_\_

Gender:  Female  Male

Registering for grade: \_\_\_\_\_

**FAMILY INFORMATION**

Number of children living at home: \_\_\_\_\_ Ages: \_\_\_\_\_

Parents Marital Status:  Married  Separated  Divorced  Widowed  Common-Law (Living together for 12 continuous months)



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**PARENT INFORMATION (PLEASE PRINT)**

Mother's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Please state if self-employed, the name of the business: \_\_\_\_\_

Position: \_\_\_\_\_  Hourly  Salaried **Gross Annual income:** \_\_\_\_\_

Employer/Business address: \_\_\_\_\_

Father's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Father's Address (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Please state if self-employed, the name of the business: \_\_\_\_\_

Position: \_\_\_\_\_  Hourly  Salaried **Gross Annual income:** \_\_\_\_\_

Employer/Business address: \_\_\_\_\_

This Application was filled out by  Mother  Father  Other (Explain) \_\_\_\_\_



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**HOUSING STATUS OF APPLICANT PARENT**

Rent - Monthly Rent: \_\_\_\_\_ Insurance per Month (If Applicable): \_\_\_\_\_

**OR**

Own - Monthly mortgage: \_\_\_\_\_ Year Purchased: \_\_\_\_\_

Is your homeowner’s insurance included in your mortgage payment? Yes \_\_\_ No \_\_\_

Amount per month, if No: \_\_\_\_\_

Balance of Mortgage: \_\_\_\_\_ Property Taxes: \_\_\_\_\_

Are your taxes included in your mortgage payment? Yes \_\_\_ No \_\_\_

**OTHER REAL ESTATE INFORMATION**

Do you own real estate other than your home? Yes \_\_\_ No \_\_\_ Monthly Mortgage \_\_\_\_\_

Is the insurance included in your mortgage payment? Yes \_\_\_ No \_\_\_ Amount per month, if No: \_\_\_\_\_

Are the taxes included in your mortgage payment? Yes \_\_\_ No \_\_\_

Balance of Mortgage: \_\_\_\_\_ Taxes: \_\_\_\_\_

Address of property: \_\_\_\_\_

**Please include a copy of the Lease Agreement or Mortgage Bank Statements for ALL properties owned.**

**LIABILITY INFORMATION**

**CREDIT CARDS**

Name (VISA, MC, etc.)	Credit Card Limit	Current Balance	Minimum Monthly Payment



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**LIABILITY INFORMATION (Cont.)**

**VEHICLES**

Vehicle Make & Year	OWN, LOAN or LEASE	Balance	Monthly Payment	Insurance Per Month

**OTHER LOANS, LINE OF CREDIT, DEBTS, OR OBLIGATIONS**

Description	Balance	Monthly payment

**UTILITIES / MEDICAL COSTS (not covered by insurance or Medicare) PER MONTH**

Description	Amount/Month
ELECTRICITY	
HEATING	
TELEPHONES	
MEDICAL	
OTHER (PLEASE DESCRIBE)	

**OTHER COSTS**

BUSING REQUIRED NO \_\_\_\_\_ YES \_\_\_\_\_ ONE-WAY  TWO-WAY

SERVICE DE GARDE (IF APPLICABLE) \$ \_\_\_\_\_

BALANCE OF UNPAID TUITION AT SOCRATES-DÉMOSTHÈNES: \$ \_\_\_\_\_ IF OWING, PLEASE STATE THE PAYMENT ARRANGEMENT WITH THE HCGM \_\_\_\_\_



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**OTHER SOURCES OF INCOME INCLUDING INCOME ASSISTANCE INFORMATION (Check all that apply)**

- PROVINCIAL - PRESTATION FAMILIALE Amount monthly: \$ \_\_\_\_\_
- FEDERAL - CHILD TAX BENEFIT Amount monthly: \$ \_\_\_\_\_
- PROVINCIAL - SOLIDARITY (QST) Amount monthly: \$ \_\_\_\_\_
- FEDERAL - HARMONIZED SALES TAX (GST) Amount monthly: \$ \_\_\_\_\_
- UNIVERSAL CHILD ALLOWANCE Amount monthly: \$ \_\_\_\_\_
- SHELTER ALLOWANCE Amount monthly: \$ \_\_\_\_\_
- ALIMONY INCOME Amount monthly: \$ \_\_\_\_\_
- CHILD SUPPORT RECEIVED Amount monthly: \$ \_\_\_\_\_
- MONTHLY ASSISTANCE – RRQ OR OAP-GIS Amount monthly: \$ \_\_\_\_\_
- OTHER (Please Specify) Amount monthly: \$ \_\_\_\_\_

**ADDITIONAL HELP**

The SEF cooperates with the **Hellenic Ladies Benevolent Society (HLBS)** for school needs. Please indicate any additional needs you may have and authorize the SEF to share your information with the HLBS by signing here:

I require the following:  School Books & Materials  School Uniforms  Hot Lunches  Other \_\_\_\_\_

SIGNATURE OF PARENT APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

Please list whether you have access to other organizations/resources that you apply for additional funding, regardless if your applications are accepted or not.

**OTHER ASSETS/INVESTMENTS (RRSP, STOCKS, BONDS, TRUST, INHERITANCE, DIVIDENDS, etc.) or SOURCES OF INCOME (RENTAL PROPERTIES OR HOLDING COMPANIES, CAPITAL GAINS, etc.)**

DESCRIPTION	AMOUNT PER MONTH OR VALUE



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## PARENT CONTRIBUTION TOWARDS TUITION FEES

Please indicate the **maximum amount** that you are able to contribute towards the tuition  
\$ \_\_\_\_\_

**I declare that all the information that I have provided in this application form is correct and complete and up to date in all respects and that I have not withheld any information.**

**I understand that the information I have provided will be used to determine my eligibility for financial assistance.** I hereby authorize the Socrates Educational Foundation (hereinafter the "SEF") to obtain and verify any information it may require for this purpose from other sources (including, for example, credit bureau) and each source is hereby authorized to provide the SEF with such information.

**I understand that if any of the statements I have made are inaccurate or incorrect, the SEF reserves the right to seek reimbursement of the complete amount of the Financial Assistance awarded;**

**I agree to hold harmless the SEF and its respective officers, directors, employees, committee members from and against any damages and liabilities relating to its response pursuant to this financial request.**

The applicant(s) agrees that this application be drawn in the **English language**.

NAME OF PARENT FILLING THE APPLICATION: \_\_\_\_\_

SIGNATURE OF PARENT APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

**This information will be used strictly for the purposes of verifying information prior to the awarding of financial assistance.** This information will be held in adherence to **the Act Respecting the Protection of Personal Information in the Private Sector**.

All **incomplete applications** (ex: missing documents, form not fully completed) will not be reviewed by SEF. The incomplete applications will be kept for 4 weeks at which point SEF reserves the right to destroy all documents received and thus automatically reject the request.

Due to limited funds not all applicants may be considered.

**PLEASE, do not forget to enclose with your applications the following supporting documents by the required deadline:**

- a) A copy of the last two (2) years of the **FEDERAL NOTICE OF ASSESSMENT & the PROVINCIAL AVIS DE COTISATION** (both parents, if applicable);
- b) A copy of the applicant's housing lease agreement or mortgage bank statement(s);
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