COLLÈGE BOURGET

65, rue Saint-Pierre, Rigaud (Québec) Canada J0P 1P0

CONFIDENTIAL
FINANCIAL AID FOR 2023-2024

1- STUDENT IDENTIFICATION

LAST NAME :_____ FIRST NAME: _____

S.I.N : _____ _____ _____ ☐ RESIDENT ☐ NON-RESIDENT
(Social Insurance Number)

ADDRESS :_____ _____ _____
(Number) (Street) (App./P.O Box)

_____ _____ _____
(Town) (Province/State/Country) (Postal code)

2- PARENT IDENTIFICATION OR LEGAL GUARDIAN IDENTIFICATION

PARENT 1 ☐FATHER ☐ MOTHER ☐LEGAL GUARDIAN ☐ OTHER : _____

MARITAL STATUS ☐ Married ☐ Single ☐ Divorced ☐Living common-law ☐Widowed ☐ Separated

LAST NAME :_____ FIRST NAME:_____

ADDRESS: _____ _____ _____
(if different from the student) (Number) (Street) (App./P.O Box)

_____ _____ _____
(Town) (Province/State/Country) (Postal code)

EMPLOYER : _____ OCCUPATION : _____

EMPLOYER TEL: _____ # OF MONTHS EMPLOYED (in the last year) _____

COLLÈGE BOURGET
65, rue Saint-Pierre
Rigaud (Québec) Canada J0P 1P0
comptabilite@collegebourget.qc.ca
450 451-0815, poste 1308 Télécopieur : 450 451-4171
www.collegebourget.qc.ca

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2- PARENT OR LEGAL GUARDIAN IDENTIFICATION

PARENT 2 ☐ FATHER ☐ MOTHER ☐ LEGAL GUARDIAN ☐ OTHER : _____

MARITAL STATUS : ☐ Married ☐ Single ☐ Divorced ☐ Living common-law ☐ Widowed ☐ Separated

LAST NAME : _____ FIRST NAME : _____

ADDRESS : _____ _____ _____
(if different from the student) (Number) (Street) (App./P.O Box)

_____ _____ _____
(Town) (Province/State/Country) (Postal code)

EMPLOYER : _____ OCCUPATION : _____

EMPLOYER TEL : _____ # OF MONTHS EMPLOYED (in the last year) _____

3- CHILDREN IN THE FAMILY (including the student)

	(Name)	(Age)	(Current year enrolled in)
1-			
2-			
3-			
4-			
5-			

4- NUMBER OF CHILDREN AT COLLÈGE BOURGET (including the student)

1☐ 2☐ 3☐ 4☐ 5☐

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5- FINANCIAL SITUATION

PARENT 1

EMPLOYMENT INCOME:_____ OTHER REVENUES : _____

PARENT 2

EMPLOYMENT INCOME:_____ OTHER REVENUES : _____

ASSETS AS OF 31st DECEMBER OF LAST YEAR

	PARENT 1	PARENT 2
BANK STATEMENT		
INVESTMENTS, STOCKS, BONDS, RRSP, ETC.		
REAL ESTATE (MUNICIPAL EVALUATION		
OTHER (VEHICLES, COTTAGE, BOAT, ETC.)		
OTHER ASSETS (SPECIFY) : _____		
TOTAL ASSETS		

LIABILITIES AS OF 31st DECEMBER OF LAST YEAR

	PARENT 1	PARENT 2
LOANS		
ACCOUNTS AND BILLS DUE		
MORTGAGE (BALANCE)		
OTHER DEBTS (specify) : _____		
TOTAL LIABILITIES		

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6- OTHER COMMENTS ABOUT THE FAMILY SITUATION

Write any other relevant information here that you would like to communicate to the Financial Aid Committee to justify your request.

7- STATEMENT OF GOOD FAITH

I declare that the information provided in this form and in the attached documents is true, correct and complete.

In witness whereof I have signed:

_____ _____

DATE PARENT **1** SIGNATURE

_____ _____

DATE PARENT **2** SIGNATURE

8- RETURN OF THE FORM

Please return your form with a photocopy of your last provincial tax return (first 4 pages) as well as your last provincial notice of assessment as soon as possible. These documents are required for the processing of your request.

To the attention of :

Service d'aide financière Collège Bourget

65 Saint-Pierre street, Rigaud (Québec) J0P 1P0

or at ***financialaid@collegebourget.qc.ca***