## **REGINA HUDA SCHOOL**



40 Sheppard Street, REGINA, Saskatchewan S4R 3M6 Phone: 306 – 565-1988 Email: president@huda.ca

Website: www.huda.ca

#### You need subsidy...?

### "His Mighty will aid his servant so long so he aids his brother" PBUH

If you require financial assistance, please fill out subsidy application and return it in a sealed envelope addressed to the Board. This application can only be used to reduce tuition fees. It cannot be used to reduce the bus fees or preschool fees, which have to be paid in full. The information disclosed on this application is confidential and will be used only by the school board to determine the subsidy amount. Subsidy cannot be granted unless this application is completed in full and last for only for the specified period and maximum of one academic year.

# All the income earners in the household above 18 should submit the following in order to consider the applications:

- 1- Most recent Canada Revenue Agency Notice of Assessment (NOA)
- 2- Three (3) most recent pay stubs
- 3- CERB/EI or any assistance program document.

#### Notes:

- Deadline for receiving applications: September 9, 2020. We have limited budget for subsidy. RHS Board can't use money allocated for new building, ESL, government grants or specified donation to subsidize fees, hence we are limited in fulfilling all the requests.
- Deadline to pay monthly fees each month is on the 10th of each month.
- Please call the office by September 01, 2020 to collect the application form or download online. we can send it by email for your easy reference.
- Submitting request is not an approval. It will go under detailed revision before you receive confirmation with the amount to be paid.
- This is confidential information and should not be shared with anybody as it's based on each family financial situation.
- All information provided will be strictly confidential and will be used solely for the purpose of adjudication the subsidy request and will not be used other than that for which it was collected.
- -Subsidy can be reviewed in case of family financial situation change.

# ARCHAN SOAN ALLER BELLISS

Last Name

1.

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Grade

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First Name

STUDENT	<b>(S)</b>	INFO	RMA	TION
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2.						
3.						
4.						
5.						
6.						
Address	С	ity		Province		Postal Code
FATHERS'S EMPLOYMENT						
Father's Full Name	Social Insurance Nur	nber	Home p	hone	Work	Phone
Occupation	Employer					
MOTHER'S EMPLO	DYMENT					
Mother's Full Name	Social Insurance Nur	nber	Home F	hone	Work	Phone
Occupation	Employer		Work A	ddress	Gross	Income
INCOME EARNER IN HOUSE ABOVE 18 EMPLOYMENTS						
Full Name	Social Insurance Nur	nber	Home F	hone	Work	Phone
Occupation	Employer		Work A	ddress	Gross	Income
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# **VOLUNTEERING: YES / NO OTHER SOURCES OF INCOME**

Source (s) of Other Income	Other Gross Income (Specify annual/monthly)
Other Employment	\$
Student Scholarship	\$
Student Loan	\$
Unemployment Benefits	\$
Social Assistance (Welfare) Benefits	\$



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Child Tax Benefits	\$
Others (specify)	\$

correct, complete and	fully discloses all my inco	n and in any documents attached is
the school Board to ver Board upon any change	rify any of the above inforr	d from attending school. I authorize nation at any time. I will notify the
Signature of Parent		Date
For Office Use Only: Application Complete Approved amount of tuit		Verification Required