



Application for Financial Aid
Revised May 2012

Date of Application _____

To be completed by the candidate wishing to be considered for Financial Aid. Teed Saunders Doyle & Co will receive the applications and will maintain the confidentiality of the information provided. In order for this application to be considered, ALL questions must be answered. PLEASE PRINT.

Number of students in family applying for aid: Returning _____ New _____

Name of Student: _____
Surname Given Names (in full)

Date of Birth: _____ *Grade Student will be in:* _____
Year/Month/Day

Name of Student: _____
Surname Given Names (in full)

Date of Birth: _____ *Grade Student will be in:* _____
Year/Month/Day

Name of Student: _____
Surname Given Names (in full)

Date of Birth: _____ *Grade Student will be in:* _____
Year/Month/Day

(If neither parent is the legal guardian, enter the guardian's name and address and state the relationship to the applicant.)

Father / Guardian:

Mother / Guardian:

Home Addresses (Street, City, Province, Postal Code)

Telephone Numbers (including area codes):

Home: _____

Home: _____

Office: _____

Office: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Occupation

Employer's Name and Address (Street, City, Province, Postal Code)

Total Family Income

Indicate the total of all sources of income for the previous year and anticipated amount for the current year. Please provide a copy of the previous year’s tax return or notice of assessment for the parents/guardians of the applicant.

| | <i>Previous Year</i> | <i>Current Year</i> |
|--------------------------------------|----------------------|---------------------|
| <i>Employment Income:</i> | \$ _____ | \$ _____ |
| <i>Business/Professional Income:</i> | \$ _____ | \$ _____ |
| <i>Other (please specify):</i> | \$ _____ | \$ _____ |

Family Net Worth

Indicate the approximate total of all assets and liabilities, including where applicable value of residence, size of outstanding mortgage, value of investments, net cash on hand and significant liabilities (for example student debt, line of credit, vehicle financing). Provide copies of recent statements where applicable.

Sum of Assets: \$ _____

Examples of backup documents include:
property assessments, bank and
investment statements, etc

Sum of Liabilities: \$ _____

Examples of backup documents include:
mortgage statements, vehicle loans,
lines of credit, student loan balances,
credit card statements etc

Net Worth: \$ _____

Other Information:

Number of children and other dependants: _____

Indicate any other children or dependants of Parents/Guardians attending other educational institutions. Please give names, ages and name of school being attended.

| <i>Name</i> | <i>Age</i> | <i>Name of School (if applicable)</i> |
|--------------------|-------------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please indicate below any extenuating circumstances or additional expenses that you feel should be considered.

On a separate sheet of paper provide one or two short paragraphs as to the reasons you feel your child will benefit from Touchstone. This will be provided to the school for review; to maintain confidentiality do not use your name or the name of your child.

Once application is completed, please forward to the address below in an envelope marked **Private & Confidential** to:

Mr. Peter Logan, CA Teed Saunders Doyle & Co. 39 Canterbury Street Saint John, New Brunswick E2L 4S1