



**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