

Financial Aid Request Form

Personal Information

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

All requests can be sent via email to payments@bgccochrane.ca

Child Information

Child # 1

First Name: _____ Last Name: _____

Program Currently Enrolled in: Out of School Care Day Homes

Child # 2

First Name: _____ Last Name: _____

Program Currently Enrolled in: Out of School Care Day Homes

Child # 3

First Name: _____ Last Name: _____

Program Currently Enrolled in: Out of School Care Day Homes

Child # 4

First Name: _____ Last Name: _____

Program Currently Enrolled in: Out of School Care Day Homes

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Do you currently receive subsidy: YES NO

What do you need financial support with? (eg. transportation, monthly fees, camp weeks, PD days, summer camp)

Please describe your need in more detail (length of support required, extenuating circumstance, etc.)

*Please note that application submission does not guarantee funding

FOR OFFICE USE ONLY

Date Recieved: _____ Finance Notified: _____

Date Reviewed: _____ Actioned by: _____

Reviewed By: _____ Date Actioned: _____

Approved **Denied**

Notes: _____
