

## Subsidized Tutoring Application

The information gathered in this application is necessary to help determine if Literacy Alberni will cover the cost of tutoring for you/your child. All information will be kept strictly confidential and is not reported to any outside agency.

Date of Application: \_\_\_\_\_ Funding year: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Number of persons in household: Adults: \_\_\_\_\_ Children 18 & under: \_\_\_\_\_

Funding for which child: \_\_\_\_\_

(Please fill out separate forms for each child)

Number of hours requested weekly: \_\_\_\_\_ School Year Semester Full Year

Type of tutoring support: (Circle one) Learning Support Homework Subject

Total Annual household income for all contributors: \_\_\_\_\_

Number of persons contributing to household income: \_\_\_\_\_

Please provide the names of these income contributors:

1. \_\_\_\_\_

Type of income: Work EI Income Assistance Disability Other Pension

2. \_\_\_\_\_

Type of income: Work EI Income Assistance Disability Other Pension

3. \_\_\_\_\_

Type of income: Work EI Income Assistance Disability Other Pension

Are you willing to provide proof of income? YES NO

I declare the above information to be accurate and true: \_\_\_\_\_

(Applicant Signature)

**FOR OFFICE USE ONLY:** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_ **COST OF SUPPORT REQUESTED:** \_\_\_\_\_

**DETERMINED SUBSIDY:** FULL PART **AWARDED:** \_\_\_\_\_ **SCHOOL YEAR** SEMESTER FULL YEAR

**DATE OF EXPIRY:** \_\_\_\_\_ **REVIEW DATE:** \_\_\_\_\_