

# Webber Academy

## Bursary Application

Date: \_\_\_\_\_

Father/Guardian

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother/Guardian

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please check all that apply:

Parents live together

Father unable to work

Father deceased

Parents separated/divorced

Mother unable to work

Mother deceased

Student(s) live with:

Father

Mother

Other (please specify)

Full name of all dependents	Name of current school	Age	Grade (for the 2022-2023 year)

Pledge: I declare that the information reported on this form, to the best of my knowledge and belief, is true, accurate, and complete. I hereby acknowledge that without tuition aid, I could not enroll my child(ren), and if my financial situation improves after tuition aid is granted, I will notify the school immediately to have the application reassessed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_