

P. 604 531 9186 F. 604 531 1721 E. wrca@wrca.ca 2265 - 152 Street Surrey BC V4A 4P1

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## TUITION ASSISTANCE REQUEST FORM

CONFIDENTIAL	
Mother's Name:	
	Position:
Employer:	Position:
Approximate Household Net Income (CDN Approximate Net Worth (CDN):	s): \$/year \$
Marital Status:	Church you regularly attend:
Child(ren) and current grades (oldest to you  1. Name:  2. Name:  3. Name:  4. Name:  How long has your family been at WRCA?	Grade:
Please specify the monthly amount you are to include payments during the months of	e able to afford over 12 months. We ask those on Tuition Assistance July and August as well.
/ month.	



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Have you received tuition assistance in the past from WRCA?		No	
Do you anticipate requiring tuition assistance in the future?		No	
Are you currently up to date with your tuition payments?		No	
If you are currently receiving tuition assistance from WRCA, please specify the amount (CDN):  \$/ month.			
Are your children currently involved in after school activities (	at WRCA	or other)? If yes, please list them:	
As a parent(s), how have you been involved/volunteered at WR	CA over th	ne <u>last</u> 12 months?	
How do you specifically plan on being involved/volunteered at	WRCA in	the <u>next</u> 12 months:	
Please attach your last two Notice of Assessments for the past t Parent(s) Signature(s):	wo tax ye:	ars.	