

331 St. Charles Street Winnipeg, MB R3K 1T6 Tel: 204-837-1520

www.stccs.ca E-mail: sec@stccs.ca Fax. 204-837-2326

March 19th, 2025

Dear Parents/Guardians,

St. Charles Catholic School believes that every child should have the option of benefiting from a Catholic education. Thanks to our tuition assistance program, supported by each of our five parishes, we are able to welcome families from all circumstances.

Families who may require financial assistance are encouraged to submit a tuition assistance application to the Principal. All applications are confidential.

Please note that tuition assistance applications are required on an annual basis, even for families currently receiving assistance. Materials that are required from all applicants are:

- a. A completed and signed Tuition Assistance (Bursary) Program form
- b. Current Tax Assessment (2024)
- c. \$100.00 re-registration fee or \$125.00 new registration fee (if not previously submitted).

The Tuition Assistance (Bursary) Program application must be received in the office by May 16, 2025.

Please contact the school if you have any further questions or concerns.

Sincerely,

Aneta Prettie Principal



TUITION ASSISTANCE (BURSARY) PROGRAM

Subject: Request for Reference from Religious Affiliation

St. Charles Catholic School is a co-educational school, offering grades Kindergarten to 8. We welcome all children who can benefit from our mission "to offer a welcoming, co-educational environment committed to nurturing our children's gifts, challenging for excellence and helping them achieve their full God-given potential".

While our primary goal is providing Catholic education for families from our supporting Parishes, our student body has students from many diverse backgrounds and faiths who wish to grow in a safe and caring community.

St. Charles Catholic School provides financial assistance to parents/guardians for the education of their children. To ensure that each application for financial assistance is evaluated fairly, the Tuition Assistance (Bursary) Committee requests the information outlined below.

All information provided will remain confidential.

The following parents/guardians have provided your name as their Pastor/Minister/Religious Leader:

Please provide the following information for each:

St. Charles Catholic School

Name	Member (Yes/No)	Active (Yes/No)	<u>Comments</u>		
Signature	Control of the contro				
Your prompt reply is requested and your input is appreciated.					
Sincerely,					
The Financial Assistance (Bursary) Commi	ttee				



ST. CHARLES CATHOLIC SCHOOL TUITION ASSISTANCE (BURSARY) PROGRAM

School Year					
Student(s) - Name	***************************************				
Parent/Guardian #1					
Name					
Occupation					
Employer					
Length of time					
Parent/Guardian #2					
Name					
Occupation			The state of the s		
Employer			The state of the s		
Length of time			The same of the sa		
Number of Children under 16 years old					
			Company of the Compan		
Religious Affiliation	_ Request for F	Reference form submitted	with application		
Place of worship Name					
Address	The state of the s				
Pastor/Minister/ Religious leader					
Name		The state of the s	***************************************		
Address	-				
Email					
Other Relevant Information	the state of the s	Control Contro			
		And the second s			
	Signature _		Date		
For Office Use Only		Data Deference request			
Date received		Date Reference request sent			
Baptismal Cert.		Reference received			
Rec'd.		Amount approved \$			
On file		Date approval letter sent			
Tax Assessment rec'd					