SOLOWAY JEWISH COMMUNITY CENTRE
APPLICATION FOR GANON PRESCHOOL SCHOLARSHIP 2020/2021

	Please indicate if you applying for **HALF DAYS** or **FULL DAYS**						
Child's Name	2 Year	# days	3 Year	# Days	4 Year	# Days	Regular Fees

PARENT'S NAME	Date of Birth:
ADDRESS	Postal Code
EMAIL ADDRESS	
OCCUPATION	
EMPLOYER	
ANNUAL INCOME	

PARENT'S NAME	Date of Birth:
OCCUPATION	
EMPLOYER	
ANNUAL INCOME	

NUMBER OF PEOPLE LIVING IN HOUSEHOLD	

ALL CHILDREN IN FAMILY	DATE OF BIRTH (YEAR/MONTH/DAY)

IF YOU OWN PROPERTY: COST $	MORTGAGE: $
IF RENTING, MONTHLY RENT	$
LANDLORD'S NAME	Tel #:

AMOUNT OF FAMILY ALLOWANCE RECEIVED	$
OTHER HOUSEHOLD INCOME	$

HOW MUCH OF THE GANON FEE ARE YOU PREPARED TO PAY? (PER CHILD)	$

SIGNATURE OF APPLICANT	
RESIDENCE PHONE NO.	BUSINESS PHONE NO.

***** PLEASE ATTACH COPIES OF YOUR MOST RECENT REVENUE CANADA *****

"NOTICE OF ASSESSMENT" FORM FOR BOTH SPOUSES.

Forms can be returned to the Ganon office or sent electronically to SJCC Finance: rcole@jewishottawa.com

OTHER COMMENTS: