

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.

Date of Application: _____ Funding year: _____

Name of Applicant (parent or adult learner name): _____

Number of persons in household: Adults: _____ Children 18 & under: _____

Name of Learner to be funded: _____

(Please fill out separate forms for each child)

Number of hours requested weekly: _____ School Year Semester Full Year

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

Annual household income: _____

Number of persons contributing to household income: _____

Please provide the names of these income contributors:

1. _____

Type of income: Work EI Income Assistance Disability Pension Other

2. _____

Type of income: Work EI Income Assistance Disability Pension Other

3. _____

Type of income: Work EI Income Assistance Disability Pension Other

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: _____