



## UMEI CHRISTIAN HIGH SCHOOL Tuition Assistance Package

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### INFORMATION AND APPLICATION

**This package contains:**

- Current Guidelines & Expectations
- Application Form

**To request tuition assistance**, remove the application form from this package and submit it along with a copy of your latest copy of Notices of Assessment of the supporting parent(s). *Allocations for financial assistance are made June 30.* **The deadline for financial assistance requests for new and returning students is May 31.** Returning students need to apply for tuition assistance each year. For further information or to submit the completed application package, contact:

Principal  
UMEI Christian High School  
614 Mersea Rd 6  
Leamington, ON N8H 3V8

Phone: 519-326-7448  
Email: [office@umei.ca](mailto:office@umei.ca)

We are aware of the financial commitment that accompanies your decision to enroll your child in our school for Christian education offered in the Anabaptist/Mennonite tradition. Through the generosity of interested individuals, groups, and corporations, UMEI is able to offer tuition assistance to students in need through our **Foundation Fund**. Applicants will be approved by the Tuition Assistance Committee, taking into account a family's financial circumstances and need, and the overall needs of other families making applications.

## POLICIES AND PROCEDURES

### **Policy Statement:**

In recognition of the supporters who contribute funds for tuition assistance, the board of UMEI Christian High School commits itself to responsible stewardship of these donated resources. The objective is to ensure that financial assistance is distributed fairly, in a manner that makes the school's program accessible to those who would not otherwise be able to attend because of financial restraints, and to bring stability to enrollment in as far as tuition assistance is able to do so.

### **Procedures:**

1. Application forms are to be made available to parents/guardians who have expressed a need and an interest. It is to be indicated to parents/guardians that the Tuition Assistance Committee makes final decisions regarding the allocation of financial assistance. Information provided by parents/guardians is to be kept in confidence by the committee.
2. Procedures and guidelines for the payment and collection of tuition fees will apply to all students including tuition assistance recipients.
3. Decisions of the Tuition Assistance Committee will be made based on the information provided by the applicant's family through the provision of information from the most **current tax returns** and from interviews with the family by the Principal.
4. The families of students receiving tuition assistance are encouraged to reimburse the Foundation Fund following the completion of their child's education to make attendance at UMEI possible for others.
5. The amount of assistance granted will be credited to the student's account at the beginning of the school year.
6. Primary criteria for the distribution of tuition assistance funds shall include:
  - a. Demonstrated financial need
  - b. Suitability of the applicant to the UMEI program
  - c. Need to stabilize enrolment and protect the integrity of programs



**UMEI CHRISTIAN HIGH SCHOOL**  
Tuition Assistance Application

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**Section 1: Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Student SIN: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Section 2: Parent/Guardian Information**

**Parent/Guardian 1** Custodial / Non-Custodial (circle one)  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Parent/Guardian 1 SIN: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_  
Address: Same as student, or \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Parent/Guardian 2 (if applicable)** Custodial / Non-Custodial (circle one)  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Parent/Guardian 2 SIN: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_  
Address: Same as student, or \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Section 3: Dependent Children Data**

Complete one line for each dependent child (a child who is 18 years or younger and is wholly dependent on you or your spouse for support). Do not include the applicant.

1<sup>st</sup> Dependent's Given Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
2nd Dependent's Given Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
3rd Dependent's Given Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
4th Dependent's Given Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

To help us determine your eligibility, **please attach a copy of last year's Notice of Assessment for each adult wage earner.**

Are there other financial circumstances that we should be aware of as we process this request? Please include additional information if pertinent.

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**A note on privacy protection:** This information is collected by UMEI for the purpose of administering Tuition Assistance only. It will be retained on file while the student is enrolled at UMEI. All information on this form will remain confidential to UMEI and will not be shared with anyone outside of the Committee.

**Declaration and Authorization of Parent, Guardian, or Spouse**

I declare that all information or documentation that I have provided in or relating to this application is complete and correct in all aspects, and that any information or documentation that I subsequently provide will also be complete and correct in all respects.

**Parent/Guardian 2** (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

***Remember to attach a photocopy of last year's Notice of Assessment.***