



BURSARY APPLICATION FORM



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Animus Credo Erudio

At the Canadian Bilingual School of Paris, we know that there are many deserving students whose family may not have the financial means to attend the School. To this end, we are pleased to offer financial aid for students and their families. This bursary application form must be included with the academic school application.

STUDENT INFORMATION

*LAST NAME

*FIRST NAME

MIDDLE NAME

PREFERRED NAME

*DATE OF BIRTH

/ /

MALE FEMALE

*EXPECTED START DATE (MM/YEAR)

/

INTENDED LENGTH OF STAY

*ANTICIPATED GRADE OF ENTRY

*Will the student apply for the half-day high performance program?

YES, please indicate which program; NO

The Canadian International Dance Academy

The Canadian International Sports Academy

ÉCOLE CANADIENNE BILINGUE
CANADIAN BILINGUAL SCHOOL

info@ecb-cbs.ca

T TOLL FREE [1]844.795.7494

F [1]844.595.4291

www.ecb-cbs.ca



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PARENT / GUARDIAN INFORMATION

***PARENT/GUARDIAN (1)**

MR. MRS. MS. OTHER

FAMILY NAME

FIRST NAME

***RELATIONSHIP TO STUDENT**

Father Mother Stepfather Stepmother
 Other, please specify relationship;

***LIVES WITH STUDENT?** Yes No

PARENT/GUARDIAN (2)

MR. MRS. MS. OTHER

FAMILY NAME

FIRST NAME

***RELATIONSHIP TO STUDENT**

Father Mother Stepfather Stepmother
 Other, please specify relationship;

***LIVES WITH STUDENT?** Yes No

The following financial information is the sole basis for choosing recipients.
Please ensure the information is correct.

1. Is the family applying for a bursary due to financial need?

Yes No

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2. Does the student live with both parents?

Yes No

3. If the student is living with both parents, please list the combined income of both parents.

4. If the student is living in a single parent home, list the income of the supporting parent, plus any child support/alimony payments from the other parent.

5. Why do you wish to attend the Canadian Bilingual School of Paris?

6. What else would you like us to know about you and your family?

DECLARATION

I declare that the information on this application is true and I understand that the information contained herein will be used for the purposes of determining eligibility for a bursary.

***SIGNATURE**

***DATE** (dd/mm/yyyy)

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