



Application for Assistance with School Fees

Parent(s) Name: _____ Date: _____

Parent(s) Home #: _____ Cell #: _____

Email Address: _____

Address: _____

Town: _____ Postal Code: _____

Child's Name	School Name	Grade	School Fees	Amount Granted	Amount Remaining

Parent(s) Source of Income: Copy of 2016 Tax Summary Required – (photocopy) OR if your income has changed since you received your Notice of Assessment, please provide the past 3 months' pay stubs.

How many people in your family (parents & children) _____

Signature: _____

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Please note that SFCSS, WFCSS & The Youthclub Kids Helping Kids Fund can help low income families with up to **50% of schools fees to a maximum Of \$200/student.** Please contact schools directly to make payment arrangements for the remainder of applicable fees.



Strathmore Family & Community Support Services Office: 116 - Third Avenue, Strathmore, AB T1P 1A1

Phone: 403-934-9090 Fax: 403-934-9942 Email: dknaus@strathmore.ca

Wheatland Family & Community Support Services Office Hwy 1, RR 1, Strathmore AB, T1P 1J6

Phone: 403-934-5335 Fax: 403-934-2457 Email: lwalker@wfcss.org