



# Kehila Heschel School

Application # \_\_\_\_\_ Date: \_\_\_\_\_

Total # of people in your family \_\_\_\_\_ Total # of children at Kehila Heschel \_\_\_\_\_

Total family income, monthly NET (after taxes). \$ \_\_\_\_\_

Please include all family income, pensions, disability payments, and child tax benefits.

All bursary applications should be accompanied by a **non-refundable deposit of \$100.00**.  
Payment can be made via e-transfer ([office@kehilaschool.ca](mailto:office@kehilaschool.ca)) or cheque (Kehila Jewish Day School)

**MONTHLY EXPENSES** (unless otherwise indicated)

<b><u>HOUSING</u></b>		<b><u>WORK EXPENSES</u></b>	
Mortgage		Gas/Transportation (ETR)	
Taxes		Parking	
Rent/Condo Fee		Daycare/Babysitter	
Union Gas			
Union Energy			
Hydro		<b><u>PERSONAL EXPENSES</u></b>	
Cable/Satellite		Monthly debt payments	
Telephone		(credit cards, loans, line of credit)	
Cell-Internet-Pager			
House Insurance			
<b><u>LIVING EXPENSES</u></b>		<b><u>OTHER SIGNIFICANT EXPENSES</u></b>	
Alimony/Support		Please describe:	
Car Lease			
Car and Life Insurance			
Car Maintenance			
Medical Expenses			
Dental Expenses			
Dry Cleaning			
School Supplies			
Other children's tuition			
Food			
Clothing		<b><u>HOW MUCH ARE YOU PREPARED TO PAY?</u></b>	\$ _____

**APPEALS PROCESS:**