



SMALL TALK BURSARY PROGRAM 2020/2021

Dear Parents,

Small Talk has been operating a Bursary Program successfully for ten years. Although our resources are limited it is the Board's belief that every child should have the opportunity for Early Language Intervention.

Below represents the financial profile for which we can provide assistance. The annual amount includes both parents' income if applicable.

Gross Family Income (both parents)	Monthly Bursary Award available
\$59,000	\$250
\$65,000	\$225
\$70,000	\$150
\$75,000	\$75
\$80,000	\$0

Parents are encouraged to fill out our Bursary application with the required 2019 Notice of Assessment attachment as soon as possible.

We urge all parents applying for a Bursary to also apply for a Child Care Subsidy from the Ministry, if you require further details on Child Care Subsidy, please speak to Natalia in the office.

Bursary applications will be decided at the start of the school year once all Government Subsidy applications have been processed.

Please return your completed Small Talk Bursary form back to us here at Small Talk at your earliest convenience.

Thank you!

Jennifer Campbell
Executive Director



SMALL TALK CENTRE FOR LANGUAGE DEVELOPMENT

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BURSARY APPLICATION FORM

2020/2021

Please read and complete the following information carefully. ***Incomplete applications cannot be processed.***

Have you received a Bursary from Small Talk before? _____

If "Yes", please state the amount and year it was awarded: _____

Child's Name enrolled for 2020/2021: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Name of Parent (1): _____ Name of Parent (2): _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

2019 Income: \$ _____ 2019 Income: \$ _____

Notice of Assessment (NOA) Notice of Assessment (NOA)

How many persons does the above income provide for? _____ (include all dependents).

Are you receiving Childcare Subsidy? Yes No

If your answer is Yes. How much is your Childcare Subsidy Benefit Plan for?
_____ / month

Monthly Bursary amount being requested: \$_____

Please read the attached table to ensure your request falls within the range we can provide assistance for.

Your 2019 Notice of Assessment must be attached to this application in order for it to be completed.

All applications are strickly confidential.

I certify the above information to be true and accurate.

Signature of Parent (1): _____ Date signed: _____

Signature of Parent (2): _____ Date signed: _____