



FRIENDS OF DYSLEXIA INC.

Dear Applicant,

Thank you for contacting Friends of Dyslexia Inc. (FOD). We are pleased to be able to offer you the **possibility** of funding dyslexia tutoring. As you can imagine we get many applicants and funding is limited. We ask for some personal information so that we can make the funds raised by FOD help those with the greatest need.

Please complete the attached form as accurately as possible. In the interest of keeping your personal information safe and secure much of the personal information requested will not be kept by FOD but will be returned to you at the beginning of the application process. Members of the board will review the information, preferably with you and return any information that is not required once it has been confirmed. Please bring any documents that can support your application including the previous year's tax documents and anything else that impacts your financial situation and/or places undue financial hardship on your family.

Once the income and financial impact information has been verified, the application will be reviewed at the next FOD board meeting. We will contact you as soon as possible with the board's decision. Our intention is to complete this process as soon as possible.

If you have any questions about the application form and or would like assistance please feel free to contact FOD and we will be pleased to help.

Sincerely,

Friends of Dyslexia Inc.

Friends of Dyslexia Inc.



FRIENDS OF DYSLEXIA INC.

FUNDING APPLICATION

APPLICANT INFORMATION			
Name:			
Date of Birth:	Current Grade:	School:	
Current address if Different from Parent/Guardian:			
City:	Province:	Postal Code	
PARENT / GUARDIAN INFORMATION			
Name of Parent or Guardian:			Phone:
Current address:			
City:	Province:	Postal Code:	
Own	Rent <i>(Please circle)</i>	Monthly payment or Rent:	How long?
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	
Position:		Hourly	Salary <i>(Please circle)</i>
OTHER DEPENDANT CHILDREN			
Number of Children:		Ages:	
REASONS FOR REQUESTING A FEE WAIVER OR FEE REDUCTION			
SPOUSE INFORMATION IF APPLICABLE			
Spouse:			Phone:
SPOUSE EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	
Position:		Hourly	Salary <i>(Please circle)</i>

TOTAL MONTHLY NET INCOME		
Primary Parent/Guardian (1):		
Spouse (2):		
Do you receive student loan income: yes/no Do you receive the disability tax credit?: yes/no		
ASSETS		
Chequing Account Balances:		Savings Account Balances:
TFSA, GICs, Stocks, Bonds etc:		Total RSSP Value:
VEHICLES(S) (CARS, TRUCKS, MOTORCYCLES, BOATS, SNOWBOILES, RVS, ATVs etc)		
Make/Model:	Year:	Market Value:
Make/Model:	Year:	Market Value:
Make/Model:	Year:	Market Value:
PERSONAL LIVING EXPENSES (Per Month –Monthly Average is Acceptable)		
Housing Expenses		Debt Payment
Rent/Mortgage:		As Calculated in the Debt Payment Schedule on Next Page
Property Taxes:		Debt a:
Insurance (House and Contents):		Debt b:
Water:		Debt c:
Heat:		
Hydro		MONTHLY TOTAL (6):
Repairs/Furnishings:		
Basic Telephone:		
Basic Cable:		
Other (Specify):		TOTAL MONTHLY EXPENSES
Other (Specify):		
MONTHLY TOTAL (3):		MONTHLY TOTAL (3):
		MONTHLY TOTAL (4):
Living Expenses		MONTHLY TOTAL (5):
Food, Cleaning Supplies Diapers:		MONTHLY TOTAL (6):
Childcare School Expenses		
Prescription Medication:		
Insurance (Life, Health, Disability):		TOTAL MONTHLY EXPENSES:
Clothing/Footwear:		
Medical/Dental/Optical:		
Other (Specify):		
MONTHLY TOTAL (4):		

Transportation Expenses		CALCULATIONS	
Bus Pass/Fares:		Monthly Net Income: Based on Revenue Canada Assessment Notice(s) And or Pay Statement(s)	
Vehicle Gas:			
Vehicle Maintenance/Repairs:		Total Monthly Expenses: As Above	
Autopac (Insurance):			
Car Payment:		Other (if Applicable)	
MONTHLY TOTAL (5):			
		Balance:	
Debt Payments			
Creditor Name:		Address:	
Date Incurred:	Amount of Loan:	Monthly Payments (a):	
Months in Arrears (if Applicable):		Balance Owing:	
Creditor Name:		Address:	
Date Incurred:	Amount of Loan:	Monthly Payments (b):	
Months in Arrears (if Applicable):		Balance Owing:	
Creditor Name:		Address:	
Date Incurred:	Amount of Loan:	Monthly Payments(c):	
Months in Arrears:		Balance Owing:	
How much do you think you can afford each 4-week period (based on calculations on page 2)?			
Discretionary Expenses			
The following expenses are considered discretionary. Calculating how much of your monthly income is allotted to these costs may help you to examine where you can reduce some expenses on a short term basis in order to cover the cost of tutoring.			
Entertainment:		Extra Cable Costs:	
Extra Telephone Costs;		Gifts:	
Donations:		Vacations:	
Lessons/Clubs/Hobbies:		Pet Care:	
Cigarettes/Alcohol:			
Other (please specify)			

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I hereby declare that to the best of my knowledge the information given in this application is true and complete:

Signature of applicant:	Date:
Signature of spouse <i>(only if applicable)</i> :	Date:

FOR OFFICE USE ONLY

Item Verified	Staff Verified	Board
Revenue Canada Notice of Assessment for Previous Tax Year		
Most Recent Pay Stub or Equivalent		
Assets (Bank Statements, Investments, RRSPs, TFSA's etc)		
Vehicle(s) Cars, Trucks, Motorcycles, Boats, Snowmobiles, RVs, ATVs etc		
Housing Expenses		
Living Expenses		
Transportation Expenses		
Debt Payment		
Additional (if Applicable)		

Recommended Level of Coverage:

Level of Funding Approved:

Coverage Time Period From:	Ending:
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ACCEPTANCE OF FUNDING

Friends of Dyslexia Inc. is pleased to be able to offer the level of funding as follows. FOD will cover _____% and the applicant/parent or guardian is to cover _____%. Coverage starts on _____ and ends on _____. Prior to the end date the applicant or parent or guardian is encourage to complete a new application for funding for FOD to consider. Please apply at least 2 months prior to the end date so that if approved coverage continues without a lapse.

By signing below the applicant or parent/guardian accepts the offer of funding. They acknowledge they they are responsible for paying their portion of the tutoring fees directly to the tutor and that FOD will cover their portion directly to the tutor. FOD will not cover the cost of missed tutoring and the applicant is responsible for covering the full cost of tutoring for any missed tutoring.

Signature of applicant:	Date:
Signature of spouse <i>(only if applicable)</i> :	Date:
Signature of FOD Representative	Date:
Name of FOD Representative:	