

The Pacific Autism Family Centre Foundation (PAFCF) is pleased to provide the Bursary Program to assist families with the cost of programming.

Please review guidelines thoroughly prior to completing and submitting your application.

Eligibility:

1. Applicant must be a resident of British Columbia for a minimum of 3 months;
2. Applicant must have a diagnosis of ASD or a related disorder;
3. Applicant must be a registered student or client of a PAFN supported, affiliated program;
4. Applicant (or applicant family) accounts with PAFN or program provider must be current. Those with accounts in arrears are ineligible to receive bursaries.

Submit your application minimum two weeks prior to program registration.

You may submit your application in person at 3688 Cessna Drive, Richmond, by email to bursary@pacificautismfamily.com, or by fax to (888)-786-8664.

Your application package **MUST** include the following:

1. Bursary Application Form (*fully completed and signed*); and
2. A CRA Notice of Assessment (*Canada Revenue Agency personal income tax assessment or for non-Canadian reporting, a similar, non-alterable government notice of tax assessment*) for each and every household income earner including the applicant.

Optionally, you may also include a letter in support of your child, their need and your family's situation.

*****Please keep a copy of your completed application form and attached documents for your records.***

*****Incomplete application packages will be returned, therefore delaying the decision process.***

Bursary Regulations

1. Bursaries are only available when Pacific Autism Family Centre Foundation calls for applications.
2. The bursary amount is determined by individual circumstance.
3. All bursaries will be used to subsidize ***PAFN supported, affiliated program fees only*** and will expire at the completion of the program block.
4. Eligibility will depend on overall financial means, the individual needs of the family, family composition, as well as the amount of funding available.
5. Applications for bursaries for programs will be considered on a case-by-case basis.
6. All decisions will be made at the sole discretion of the Pacific Autism Family Centre Foundation (PAFCF) and PAFN accepts no liability in such regard.
7. All approval notifications will be via email.

PRIVACY STATEMENT: *The personal information collected on this form will be used for the purposes of determining PAFN Bursary eligibility and will be treated confidentially in compliance with the BC Freedom of Information and Protection of Privacy Act.*

The forms will be secured by the CEO and shared only in confidence with the Board as required.

Any questions about the collection, use or disclosure should be directed to the Chief Executive Officer of the Pacific Autism Family Centre Foundation, (604) 207-1980, 3688 Cessna Drive, Richmond, BC V7B 1C7


3688 Cessna Drive, Richmond BC, V7B 1C7 | t: 604-207-1980

CRA Registered Charity # 82184-5286-RR0001

bursary@pacificautismfamily.com | www.pacificautismfamily.com

To Be Completed by Parent or Guardian

LAST NAME OF APPLICANT	FIRST NAME OF APPLICANT	DATE OF BIRTH (YYYY/MM/DD)
PROGRAM TITLE Music Heals		
NAME OF PARENT(S) / GUARDIAN(S)	DAYTIME PHONE ()	EVENING PHONE ()
EMAIL ADDRESS		
ADDRESS	CITY	POSTAL CODE

Bursary being applied for: (OFFICE USE ONLY)	
	\$2,500 - to support families to access music therapy
March 9, 2020	

ELIGIBILITY

- A. Resident of British Columbia for a minimum of 3 months? YES NO
- B. Does your applicant have a diagnosis of ASD or related disorder? YES NO
- C. Attached CRA Notices of Assessment (or for non-Canadian documentation, a similar, non-alterable government notice of tax assessment) for each family member? YES NO
- D. Signature of Parent / Guardian (at end of application). YES NO

HOUSEHOLD MEMBERS (Starting with yourself, please list all persons who normally reside in your home.)

First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____

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Financial Information

Child's Name: _____		Parent / Guardian: _____	
How many members in the family: Adults: _____		Children: _____	
TOTAL FAMILY MONTHLY INCOME		TOTAL FAMILY MONTHLY EXPENSES	
	Self	Spouse / Other	
Gross Monthly Salary	\$		Rent / Mortgage
Net Monthly Salary	\$		Utilities
(Un) Employment Insurance	\$		(Hydro, gas, cable, phone)
Income Assistance	\$		Property Taxes
Pension/Disability/WCB	\$		Loans Re-payment
Rentals	\$		House / Tenant Ins.
Business Income	\$		Food
Investments	\$		Medical
Child Tax Benefit	\$		Sundries / Clothing
Child Maintenance (if any)	\$		(i.e. personal grooming)
Family Bonus	\$		Vehicle Costs
Other (specify)	\$		Child Care / Babysitting
	\$		Other
Net Total Monthly	\$		
ANNUAL INCOME	\$		TOTAL EXPENSES
			\$

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Please initial each true statement and then sign and date your application below.

- I understand that the PAFN Bursary Program is intended to assist families facing financial difficulties due to limited income, funds or financial support. _____
- I understand that any information I provide in relation to this application will be used by the Pacific Autism Family Network Foundation to determine my family's financial need and my child's eligibility for bursaries. _____
- I understand that I am required to disclose all family income, funds or financial support including that from sources outside of Canada. I understand that failure to do so will result in rejection of this application and make me ineligible for future applications. _____
- My child lives at home with me and I am the parent/legal guardian. If not, please clarify:

- My child is a resident of BC and has a legal right to reside permanently in Canada. _____
- My child is not eligible for any other form of funding, private or public, related to the specific program for which I am seeking PAFN support. This includes Autism, At-Home and Variety funding. _____
- I agree to inform the PAFN Finance & Administration Manager if my child becomes eligible for other forms of funding within the timeline and program specified above. _____
- I consent to the release of information contained in and attached to this application to members of PAFN who are responsible for fund allocation. _____
- I will inform the PAFN Finance & Administration Manager of any changes in any of the information provided in this application as soon as it occurs. _____

Mandatory Have you attached?

- An introductory letter about your child / family situation?
- Notice of Assessment from Revenue Canada for both parents?
- Letter of support from child's educational/health/medical/social professional?

Signature (Parent/Guardian): _____

Date of Submission (yyyy/mm/dd): _____

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