



GUARDIAN AND CONTACT INFORMATION

Parent/Guardian 1

First Name: _____ Last Name: _____

Relationship to Student: Mother Father Other: _____

Occupation: _____ Employer: _____ Workplace phone no.: _____

Parent/Guardian 2

First Name: _____ Last Name: _____

Relationship to Student: Mother Father Other: _____

Occupation: _____ Employer: _____ Workplace phone no.: _____

Contact Information

Address: _____ City: _____ Province: _____

Postal Code: _____ Home Phone: _____ Cell phone no.: _____

Email Address: _____

Household Information

Have any of your children already received a tuition assistance grant from any other source? Yes No

Number of Parents or Guardians: _____ Children: _____ Other Adults: _____ Total Number of People in Household: _____

STUDENT INFORMATION

	First Name	Last Name	D.O.B (mm/dd/yy)	Grade in Sept 2023	Current School	Currently, the recipient of:
1						Mac Ed Fd / Other / None
2						Mac Ed Fd / Other / None
3						Mac Ed Fd / Other / None
4						Mac Ed Fd / Other / None

For Office Use Only

Decision: Y N C WL

Authorization: _____ Date: _____



MAC Education Fund Tuition assistance grant APPLICATION

(ACADEMIC YEAR 2024-25)

Parent(s) or guardian(s) should complete ONE form per family.

To apply for the MAC Education Fund, please follow these instructions:

- 1. Determine if you qualify financially for the grant by referring to the table below.
2. Only apply for children enrolled at Olive Grove School (OGS or OGHS) for the 2024-25 school year. One application per family.
3. Send the complete form along with the 2023 Notice of Assessments to mac_ef@olivegroveschool.ca by May 31, 2024

Table with 5 columns: Total number of people in your household*, Total (before tax) family income must be less than (1-4 children attending full-time Islamic private), and income amounts for each household size.

*Household size represents the total number of people living under one roof

Conditions of Eligibility

With Allah (swt) as my witness:

- 1. I certify that my children will attend Olive Grove School (OGS or OGHS) for the upcoming school year.
2. I certify that our total household income does not exceed the amount identified in the table above.
3. The tuition assistance grant pays 30% of the school's tuition directly. I am required to pay the remaining tuition, as well as any additional fees, to the school on time.
...
13. I agree to notify the school of any changes in my/ our social or financial circumstances within 14 days of the occurrence.

Signature of Parent /Guardian

Date