

<b>Policy Number</b>	<b>BA-004</b>
<b>Revision (A, B, C....)</b>	
<b>Date Approved / Revised</b>	<b>24-OCT-2012</b>
<b>Due Date for Review</b>	<b>24-OCT-2015</b>
<b>Previous Policy Number</b>	<b>01-016 RevC</b>

## **PROGRAM FEE RELIEF FUND POLICY**

### **POLICY**

The Program Fee Relief Fund is set up by the Board of Directors to use at their discretion to assist Association for Christian Schooling in Calgary South (ACSCS) families in financial need.

### **PROCEDURES**

1. The Program Fee Relief Nomination Form (attached) is to be filled out by an ACSCS Member and given to the Board via the Business Manager for review.
2. Program Fee Relief granted per family will be no more than 25% of the Program Fees per school year.
3. Approval and distribution is at the discretion of the Board and will remain a confidential matter.
4. Individuals or organizations may donate monies to the Program Fee Relief Fund and receive a full tax receipt. These donated funds cannot be directed to any specific person or family in order to qualify for a full tax receipt.

### **LEGISLATION**

1. Donations must be made in accordance with Canada Revenue Agency IT 110R3.



## PROGRAM FEE RELIEF NOMINATION FORM

**Please fill out the form below. Place it in an envelope marked “CONFIDENTIAL Attention ACSCS Board of Directors”. Drop off the envelope at the ACSCS Business Office. The ACSCS Board of Directors will consider this nomination as soon as possible. Thank you.**

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Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Family Recommended for Assistance: \_\_\_\_\_

Total Financial Amount Requested: \_\_\_\_\_ (if possible)

Details of Situation (Reason for recommendation)

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For ACSCS Board of Directors:

DATE DISCUSSED: \_\_\_\_\_ BOARD RECOMMENDATION: \_\_\_\_\_

COMMENTS:

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