



APPLICATION FOR TUITION ASSISTANCE

Please return to Saint Patrick School office by _____

A. PARENT/GUARDIAN INFORMATION (Required)

| | |
|---|---|
| <p>Father/Guardian:</p> <p>Mr./Dr. _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 150px;">First</small></p> <p>Address: _____</p> <p>City/State/Zip _____</p> <p>Home Phone: (____) _____ - _____</p> <p>Cell Phone (____) _____ - _____</p> <p>E-mail Address: _____</p> <p>Religion: _____</p> <p>Registered Parish/Church: _____</p> | <p>Mother/Guardian:</p> <p>Mrs./Ms./Dr. _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 150px;">First</small></p> <p>Address: _____</p> <p>City/State/Zip _____</p> <p>Home Phone: (____) _____ - _____</p> <p>Cell Phone: (____) _____ - _____</p> <p>E-mail Address: _____</p> <p>Religion: _____</p> <p>Registered Parish/Church: _____</p> |
|---|---|

B. STUDENT INFORMATION

List all students, grades, and tuition for the school year for which this application is made. Do not include scholarships earned.

| | | |
|---|-------------|---------------|
| Student Name _____ | Grade _____ | Tuition _____ |
| Student Name _____ | Grade _____ | Tuition _____ |
| Student Name _____ | Grade _____ | Tuition _____ |
| Student Name _____ | Grade _____ | Tuition _____ |
| Total amount of tuition for the school year: \$ _____ | | |

C. DEPENDENTS

TOTAL number of dependents (including parent/guardian) in family household: _____

D. HOUSEHOLD INCOME

TOTAL household income BEFORE deductions: Include income of all working household members, government assistance, pension income, child support, Social Security and any other income.

Yearly Income: \$ _____ Monthly Income: \$ _____

The first two pages of your most recent Income Tax Return, a copy of your W-2's, Free and Reduced Lunch Form or other proof of income MUST BE INCLUDED with this application. Incomplete applications will not be considered. The back of this application must be completed.

E. Amount of tuition your family can afford to pay per month: \$ _____

← You MUST indicate a monthly amount your family can pay.

F. Amount of tuition assistance your family is requesting: \$ _____

Signature _____

Date _____

