Saint Mary School

Tuition Assistance Application

CONFIDENTIAL

To be Completed by Applicant
NOTICE: ALL INFORMATION GIVEN ON THIS APPLICATION WILL BE HELD IN STRICTEST CONFIDENCE.

SCHOOL:_____ CITY:_____

FAMILY INFORMATION

FAMILY'S LAST NAME:_____

ADDRESS:_____

_____

TELEPHONE: (____) _____

EMPLOYMENT INFORMATION

	FATHER	MOTHER
NAME:	_____	_____
PLACE OF EMPLOYMENT:	_____	_____
ADDRESS:	_____	_____
	_____	_____
OCCUPATION:	_____	_____
YEARS AT POSITION:	_____	_____

CHILD/CHILDREN'S INFORMATION: For School Year _____ to _____

NAME/CHILDREN IN SCHOOL   GRADE/AGE

_____   _____

_____   _____

_____   _____

NUMBER OF DEPENDENT CHILDREN: _____

NUMBER OF OTHER DEPENDENTS (list): _____
(Name/Age)   _____

FINANCIAL INFORMATION (Completed By Applicant)

Please attach pages 1 and 2 of your signed and filed 2019 federal tax return.

GROSS INCOME: _____
Comment:

TOTAL AMOUNT OF MONTHLY EXPENSES
(HOUSE PAYMENT, UTILITIES, ETC.): _____
Comment:

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1. Please indicate the reasons why you are applying for financial assistance at this time.

2. How much tuition do you feel you can pay for this school year?

3. How long will you need assistance?

AFFIRMATION

We certify that the information included on this application is truthful and complete to the best of our knowledge. We agree to notify the pastor and principal of any significant changes in our financial situation.

Signatures: (Parents or Guardians)

_____   _____
                                             Date

_____   _____
                                             Date

COMPLETED BY SCHOOL ADMINISTRATOR

Tuition for this family is $_____
I authorize $_____ from the Tuition Assistance Fund.
Please list any other assistance which the family receives:

_____
                                    Signature