



**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 2024 federal tax return.

GROSS INCOME: \_\_\_\_\_

Comment:

TOTAL AMOUNT OF MONTHLY EXPENSES  
(HOUSE PAYMENT, UTILITIES, ETC.): \_\_\_\_\_

Comment:

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