



**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: \_\_\_\_\_

<u><b>FAMILY INFORMATION</b></u>	
FAMILY'S LAST NAME: _____	
ADDRESS: _____ _____	
TELEPHONE: (____) _____	

<u><b>EMPLOYMENT INFORMATION</b></u>		
	FATHER	MOTHER
NAME:	_____	_____
PLACE OF EMPLOYMENT:	_____	_____
ADDRESS:	_____	_____
	_____	_____
OCCUPATION:	_____	_____
YEARS AT POSITION:	_____	_____

<u><b>CHILD/CHILDREN'S INFORMATION:</b></u>	For School Year _____ to _____
<u>NAME/CHILDREN IN SCHOOL</u>	<u>GRADE/AGE</u>
_____	_____
_____	_____
_____	_____
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 2018 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