



ST. JOSEPH CATHOLIC SCHOOL

Tuition Assistance Application, 2017-2018 School Year (NOT AVAILABLE FOR LITTLE LAMBS OR VPK PROGRAM)

A. Parent, Guardian, or Other Adult responsible for tuition

Check one Father Mother Stepfather Stepmother Other

Last Name First Name MI

(____) _____ (____) _____
Home phone number Cell phone number

Street Address (include apt. # if applicable) City State Zip E-mail address

Employed by Number of years

If you are self-employed, check this box

Do you belong to St. Joseph Catholic Church? ____ Yes ____ No
If the answer is no, what Parish do you belong to? _____
We do not attend a Catholic Church. ____

B. Household Information

1. Number of individuals who will reside in my/our household during the 2017-2018 school year:

Parents/Guardians ____ Children ____ Other ____

Please explain other: _____

2. Current marital status/housing arrangement

____ Single, never married

____ Married

____ Widowed

____ Divorced

____ Remarried

____ Separated

C. Dependents—please include all dependents in order from oldest to youngest

Dependent Last Name	First name	MI	Age	Relationship to Parent/Guardian in part A	Grade in August, 2017	Are you applying for aid for this child in 2017-18?	Did you receive assistance in 2016-17? If yes, in what amount?	Was this child at St. Joseph Catholic School in 2016-17?	Amount we/I feel we/I can pay in tuition

Please check if additional dependents are listed on a separate sheet.

G. Unusual Circumstances—Check all that apply within the past 12 months

- | | |
|---|--|
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Death in the family |
| <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Shared custody |
| <input type="checkbox"/> Change in family living circumstance | <input type="checkbox"/> High debt |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Medical/dental expenses |
| <input type="checkbox"/> College expenses | <input type="checkbox"/> Shared tuition |
| <input type="checkbox"/> Income reduction | <input type="checkbox"/> Other (use part H) |
| <input type="checkbox"/> Illness or injury | |

H. Explanations. Please use this space to give an explanation for any of your answers

I/we declare that the information on this application is correct, true, and complete to the best of my/our knowledge. I/we authorize St. Joseph Catholic School to use this form solely for the purpose for which it is intended. I understand that all information contained on this application will be held in confidence. Applicants will be notified by May 15 if financial assistance has/has not been granted.

Signature Parent/Guardian

Signature Parent/Guardian

Date

