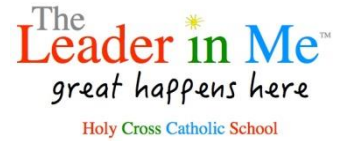




Holy Cross Catholic School  
Tuition Assistance Application  
2020/2021 School Year



**Confidential Application**  
**Deadline: May 31, 2020**

Date of Application: \_\_\_\_\_  
Family \_\_\_\_\_ Phone \_\_\_\_\_  
Name

Address \_\_\_\_\_  
Street City Zip Code

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
(If different than student)

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
(If different than student)

Marital Status \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated # of residents in Household \_\_\_\_\_

Total number of children in grades K-5 enrolled at Holy Cross Catholic School for 2019/2020 \_\_\_\_\_

<u>Student's Name</u>	<u>Grade Entering</u>	<u>Student's Name</u>	<u>Grade Entering</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Place of Employment \_\_\_\_\_

Father's Income after taxes (previous tax year) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Mother's Income after taxes (previous tax year) \_\_\_\_\_

**The dollar amount entered should equal all income received last year by adults and children from salary, wages, tips, commissions, welfare, unemployment, workman's compensation, child support, alimony, strike benefits, social security, pensions, retirement, disability payments, and earnings from self-employment. If you receive income from seasonal employment such as farming, construction, etc., and monthly income is not what you expect for the year, enter the expected 12 month income starting with last month. Any special income that is unusual or doesn't fit the above description, show as special and describe.**

My Family is registered at \_\_\_\_\_ Church.

I understand that Instructional/Book fees for each student K-5 are NOT covered under tuition assistance and that it is my responsibility for payment of these fees by the first day of school. \_\_\_\_\_(initial)

**(OVER)**

Describe your activities/involvement at your respective parish:

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How do you plan to be involved in school activities and fundraisers?

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Notes:

1. All information regarding your application is confidential.
2. **A copy of your signed IRS 1040 form** for the previous calendar year must accompany any request for tuition assistance. If you did not file for the past year, attach a W2 or other documentation.
3. If your financial circumstances change (for better or for worse) during this school year, we ask that this application be amended upon notification from you.
4. If in the future you find that you are able to repay part or all of the tuition assistance, any money received will be put in our Tuition Assistance Fund.
5. All families are required to pay the book fees and registration fees. **Families may request assistance for tuition only.**
6. I certify that the above information is true and correct. I understand that this information is for consideration for tuition assistance and that an adult must sign the application.
7. It will be my responsibility as a parent to support the school by payment of monthly tuition/fees. I understand that failure to do so may jeopardize my children's enrollment.

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Signature of Applicant

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Date

# Confidential Financial Statement

Family Name \_\_\_\_\_

**PLEASE LIST YOUR MONTHLY HOUSEHOLD INCOME AFTER TAXES:**

<b>Source of Income</b>	<b>Monthly Dollars</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Monthly Household Income</b>	<b>\$ _____</b>

\* A copy of your IRS income tax return for the previous calendar year **MUST** accompany application for tuition assistance. If not available, a W2 or other documentation will be required. If documents are not attached, your forms will be returned.

**PLEASE LIST YOUR MONTHLY EXPENSES:**

<b>Type of Expense</b>	<b>Monthly Dollars</b>
Mortgage or rent	_____
Car Payment	_____
Utilities	_____
Medical Expenses	_____
Food	_____
Tuition (if currently paying)	_____
Other:	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>

Total Monthly Income	\$ _____
Less Total Monthly Expenses	-\$ _____
Available monthly dollars	\$ _____

I feel that I can pay \$            each month for ten months toward tuition.  
(This line **MUST** be completed.)

Briefly explain reason, needs, and circumstances for application for tuition assistance. Please include any additional financial burdens or extenuating circumstances you feel we should be aware of in reviewing your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_