



SCHOOL TUITION GRANT APPLICATION FORM

Family Last Name: _____

Child's Last Name (if different) _____

Parish Membership: _____

<u>NAME OF CHILDREN</u>	<u>GRADE</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extenuating circumstances (loss of job, accident, health, etc.) have caused us to apply for financial aid. (Please attach a detailed explanation of circumstances to this form)

St. Clare Catholic School is committed to the principle that no student should be denied a Catholic education. Like college financial aid, family requests for tuition grants will be carefully considered in relation to guidelines established by the Finance Council and the business office.

HOUSEHOLD INCOME: (Please list all that apply)

1. \$ _____ Adjusted Gross Income (Attach 2013 W-2's and tax return form)
OR
\$ _____ Anticipated Gross Income—Current Year
2. \$ _____ Child Support Income (Attach 2013 Clerk of Courts documentation)
3. \$ _____ SSI Income (Attach 2013 1099 or other documentation)
4. \$ _____ Other Non-taxable Income (Attach 2013 1099 or other documentation)
5. \$ _____ Total Income

Household Size: _____

Child/children claimed on taxes by: _____ Mother _____ Father _____ Both

In your judgment, how much could you pay in a monthly payment towards your tuition bill? \$ _____

In your judgment, how much total assistance is needed for your family for the 2015-2016 School year? \$ _____

THIS APPLICATION WILL NOT BE CONSIDERED WITHOUT COPIES OF REQUIRED TAX AND INCOME FORMS. APPLICATION AND FORMS MUST BE SUBMITTED TO THE SCHOOL PRINCIPAL. APPLICATIONS WILL BE CONSIDERED IN THE ORDER THEY ARE RECEIVED. BECAUSE THERE IS A LIMITED AMOUNT OF FUNDING AVAILABLE IN ANY GIVEN YEAR, APPLICATIONS RECEIVED IN THE SUMMER ARE MORE LIKELY TO RECEIVE FUNDING THAN THOSE RECEIVED LATER IN THE SCHOOL YEAR.

THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS WILL BE HELD IN STRICT CONFIDENCE. IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE ST. CLARE SCHOOL PRINCIPAL AT 920-532-4833.

SIGNATURE OF APPLICANT(S):

_____ Date: _____ Date: _____

OFFICE USE ONLY
Date form received _____ Received by: _____