



**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 Last Year's W-2's and tax return form)  
OR  
\$ \_\_\_\_\_ Anticipated Gross Income—Current Year
2. \$ \_\_\_\_\_ Child Support Income (Attach Clerk of Courts documentation)
3. \$ \_\_\_\_\_ SSI Income (Attach 1099 or other documentation)
4. \$ \_\_\_\_\_ Other Non-taxable Income (Attach 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 school year? \$ \_\_\_\_\_

**THIS APPLICATION WILL NOT BE CONSIDERED WITHOUT COPIES OF REQUIRED TAX AND INCOME FORMS.** APPLICATION AND FORMS MUST BE SUBMITTED TO THE PARISH OFFICE. 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 BUSINESS MANAGER AT 920-864-2550 – EXT 15.

**SIGNATURE OF APPLICANT(S):**

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY
Date form received: _____ Received by: _____