

**ST. STEPHEN ECD & PRESCHOOL
APPLICATION FOR TUITION ASSISTANCE
FOR SCHOOL PARENTS**

A limited amount of financial aid is available to families in need. In order to be considered for a grant, all financial aid forms must be completed accurately and returned to the school.

A. FAMILY CENSUS

1) Father's / Guardian's Name: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Employer's Name: _____

Employer's Address: _____ Zip: _____

Marital Status:

Single Married Widowed Separated Divorced Divorced & Remarried

2) Mother's / Guardian's Name: _____

Address, if different from father's: _____

Home Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Employer's Name: _____

Employer's Address: _____ Zip: _____

Marital Status:

Single Married Widowed Separated Divorced Divorced & Remarried

3) Children: (list all children / dependents living at home. Include pre-school for school attending.)

1. Full Name: _____ Date of Birth: _____

School Attending: _____ Yearly Tuition: _____

2. Full Name: _____ Date of Birth: _____

School Attending: _____ Yearly Tuition: _____

3. Full Name: _____ Date of Birth: _____

School Attending: _____ Yearly Tuition: _____

(List additional children on a separate sheet of paper.)

B. FINANCES: INCOME

Father's Gross Annual Salary: _____

Are you paid: Weekly ____ Biweekly ____ Semimonthly ____ Monthly ____

Mother's Gross Annual Salary: _____

Are you paid: Weekly ____ Biweekly ____ Semimonthly ____ Monthly ____

Total gross annual salary: _____

List other sources of income: (rent received, interest, dividends, part-time emp. etc.)

Source: _____ Amt: _____ How often: _____

Source: _____ Amt: _____ How often: _____

Source: _____ Amt: _____ How often: _____

Do you receive alimony and / or child support? _____ Amt. received monthly: _____

Is anyone not listed in the family census contributing to your household income? Yes __ No __

Total income amount from other sources: _____

C. FINANCES: EXPENSES

1) Do you own your home? Yes __ No __ Monthly payment: _____

2) Do you rent? Yes __ No __ Monthly payment: _____

3) Do you pay alimony and / or child support ? _____ Amt. paid monthly: _____

4) Do you own your own business? Yes __ No __

5) What do you spend monthly for baby-sitting and / or day-care? _____

6) Do you own any other real estate ? Yes __ No __

List property, value and monthly mortgage payment: _____

7) List all vehicles owned, including recreational vehicles, boats, campers etc.

	Make	Model	Year	Monthly payment
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1. _____

2. _____

3. _____

(List additional vehicles on a separate sheet of paper.)

8) List all outstanding debts:

	To whom owed	Outstanding balance	Monthly payment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(List additional outstanding debts on a separate sheet of paper.)

9) Does anyone in your family have medical problems that require ongoing care? Yes ___ No ___

Relationship of person: _____

Indicate amount you spend monthly for these medical purposes: _____

D. REQUEST FOR ASSISTANCE

1) For the next 12 months, I anticipate that my income will be:

_____ significantly increased or higher than what I / we are earning at the present time.

_____ significantly decreased or lower than what I / we are earning at the present time.

_____ the same.

2) Please attach a written statement to explain or clarify any circumstance(s) which have created financial hardships for your family. Please be specific.

3) If a parent is divorced, does your ex-spouse know that you are seeking financial aid regarding your child(ren)'s education? Yes ___ No ___

4) How much financial assistance are you asking for? _____

I certify that I have given true and accurate information on this application form.

I further understand that the Board of Directors will periodically interview all families receiving tuition assistance to verify that financial difficulties still exist and to update records.

Applicant's signature: _____ Date: _____

A Reminder ...

A COPY OF YOUR MOST RECENT FEDERAL TAX RETURN (FORM 1040) MUST ACCOMPANY THIS FORM.

NO APPLICANT WILL BE CONSIDERED WITHOUT THIS FORM.

For Office Use:

Date Received: _____

Amount Given: _____

Notes: