

Date: _____

Family Information

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Include information for all your children as of next September in the space below

	<i>Child's Name</i>	<i>Age</i>	<i>Grade</i>	<i>Name of School</i>
1				
2				
3				
4				
5				
6				

Number of other dependents during 2010-2011: _____ Parents/Guardians _____ Children
 _____ Other, please explain relationship _____

Current marital status/housing arrangement

Single, never Married Married Widowed Divorced Remarried Separated Other: _____

If Divorced, Remarried, Separated or Single, please complete following:

Do you receive or pay child support? Receive \$ _____/Yr. Pay \$ _____/Yr. Neither

Who claimed student as a tax dependent in 2009? _____

Who is responsible for the tuition for the dependent(s) listed above?

Father _____ % Name _____

Mother _____ % Name _____

Other _____ % Name _____

Financial Information

Head of Household's Full Name: _____

Employed? Yes No If "No", date of last employment: _____

Weekly Unemployment Compensation \$ _____

If "Yes", name of Employer: _____

Address: _____

Occupation/Position: _____

Number of years with employer: _____ Gross Annual Salary: \$ _____

Net Monthly Income: \$ _____

Do you have a second means of income? Yes No If yes, Gross Monthly Income: \$ _____

Details (part-time, child support, etc.): _____

Spouse's Full Name: _____

Employed? Yes No If "No", date of last employment: _____

Weekly Unemployment Compensation \$ _____

ST. JOSEPH SCHOOL

APPLICATION FOR TUITION ASSISTANCE

If "Yes", name of Employer: _____

Address: _____

Occupation/Position: _____

Number of years with employer: _____ Gross Annual Salary: \$ _____

Net Monthly Income: \$ _____

Do you have a second means of income? Yes No If yes, Gross Monthly Income: \$ _____

Details (part-time, child support, etc.): _____

Monthly Expenses:

Mortgage/Rent: \$ _____ Medical: \$ _____

Automobile: \$ _____ Insurance: \$ _____

Loans: \$ _____ Other Tuition: \$ _____

Credit Cards: \$ _____ Utilities: \$ _____

Automobiles

#1 Make & Model: _____ #2 Make & Model: _____

Real Estate:

Do you own real estate other than your primary residence? Yes No

If "Yes", please explain: _____

Unusual Circumstances

Check all that apply to your situation in the past 12 months:

- | | | |
|--|--|---|
| <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Change in family living status |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> College expenses |
| <input type="checkbox"/> Income reduction | <input type="checkbox"/> Illness or injury | <input type="checkbox"/> Death in family |
| <input type="checkbox"/> Shared custody | <input type="checkbox"/> High debt | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> Medical/Dental expenses | <input type="checkbox"/> Shared tuition | <input type="checkbox"/> Other (Please explain) |

Additional Documentation Needed For Consideration

Required supporting documentation:

- Most recent W-2
- IRS Form 1040

Other forms of documentation necessary, if applicable:

- IRS Form 1099
- Public Assistance Cards

Use a separate sheet of paper to submit additional information that you feel the Tuition Committee should be aware of.

I/We certify that the information I/We have supplied is accurate as stated above.

Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____