



San Gabriel Mission High School

Tuition Assistance/2018-2019- Application Form

Applicant Information

Student's First Name: _____ Middle Initial: _____ Last Name: _____ Grade: _____
Home Address: _____ City: _____ Zip Code: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Parent e-mail: _____

Family Information

Student legal guardian(s) is/are: (Check all that apply): () Mother () Father () Grandparents () Step-Parent () Guardian () Foster Parent. Who does the student live with? _____

How many children in your household? _____ Are your children enrolled in a Catholic school? Y/N

If yes, what Catholic schools do your other children attend? _____ what grade? _____

What is their monthly tuition payment: \$ _____ Do you receive assistance? Y/N

Please list name of assistance (CEF, Daughters of Charity, etc.) _____ \$ _____

What monthly tuition payment are you able to pay at San Gabriel Mission HS? \$ _____

Financial Information (If parent or guardian is unemployed please indicate under other.)

Parent/guardian 1: Full Name _____ () Mother () Father () Grandparent () Step-Parent

Occupation: _____ Employer: _____ Other _____

Annual salary Net (Adult 1) \$ _____ (attach copy of 2017 taxes)

Parent/guardian 2: Full Name _____ () Mother () Father () Grandparent () Step-Parent

Occupation: _____ Employer: _____

Annual salary Net (Adult 2) \$ _____ (attach copy of 2017 taxes)

Mortgage/Rent monthly: \$ _____ Car payment: \$ _____

*Your signature below indicates that the information provided on this application is true, accurate, and complete, that you have provided legal proof of income, and that any incomplete or false information on this document, missing signatures or refusal to provide adequate legal proof of income will cause for automatic denial of this application.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____