

Application for Tuition Assistance 2019-2020

Due Date: June 14th

School Office Use Only:

Date Received: _____

\$45 Fee Paid: _____

| | | |
|---|--|-----------|
| HOUSEHOLD INFORMATION | | |
| Parent/Guardian A | | |
| First Name: | Last Name: | |
| Relationship with Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____ | | |
| Currently Living With Student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mailing Address: | | |
| Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Email Address: | |
| Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Full-time student | Occupation: | Employer: |
| | If self-employed, type and name of business: | |
| Parent/Guardian B | | |
| First Name: | Last Name: | |
| Relationship with Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____ | | |
| Currently Living With Student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mailing Address: | | |
| Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Email Address: | |
| Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Full-time student | Occupation: | Employer: |
| | If self-employed, type and name of business: | |

| FAMILY INCOME | | |
|--|--|--|
| ANNUAL SOURCES OF INCOME | PARENT/GUARDIAN A | PARENT/GUARDIAN B |
| Income Tax Filing Status for Year | <input type="checkbox"/> Single <input type="checkbox"/> Married Joint <input type="checkbox"/> Married Filed Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File | <input type="checkbox"/> Single <input type="checkbox"/> Married Joint <input type="checkbox"/> Married Filed Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File |
| Annual Income | \$ _____ | \$ _____ |
| Cash Income | \$ _____ | \$ _____ |
| SSI (Social Security Income) | \$ _____ | \$ _____ |
| Pension | \$ _____ | \$ _____ |
| Welfare | \$ _____ | \$ _____ |
| Food Stamps | \$ _____ | \$ _____ |
| Unemployment | \$ _____ | \$ _____ |
| Disability | \$ _____ | \$ _____ |
| Alimony | \$ _____ | \$ _____ |
| Child Support/Family Support | \$ _____ | \$ _____ |
| Parent/Guardian college student aid, grants or scholarships | \$ _____ | \$ _____ |
| Income from Real Estate/Rental or Income Property | \$ _____ | \$ _____ |
| Income from Business/Farms | \$ _____ | \$ _____ |
| Annual Distribution from Investments (Trust Funds, CDs, Stocks, IRAs, 401Ks, etc.) | \$ _____ | \$ _____ |

List all property owned including houses, businesses and other income properties.

FAMILY EXPENSES

Where does the family currently live?

Own home
 Rented Home/Apartment
 Live in the home of parent/relative/friend
 Section 8 housing
 Temporary housing
 Other _____

Total Monthly Mortgage/Rent for housing: _____

How much does parent/relative/friend contribute towards mortgage/rent? _____

Car Information:

| | <u>Make</u> | <u>Model</u> | <u>Year</u> |
|----|-------------|--------------|-------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

| BUDGET REPORT | |
|---|------------------------|
| TYPE OF EXPENSE | MONTHLY PAYMENT |
| HOUSING | |
| Mortgage/Rent | \$ |
| Maintenance Fees | \$ |
| UTILITIES | |
| Electricity | \$ |
| Gas | \$ |
| Water | \$ |
| Phone/Cable/Internet | \$ |
| Trash | \$ |
| Food | \$ |
| TRANSPORTATION | |
| Car Payment(s) | \$ |
| Gas | \$ |
| Car Insurance | \$ |
| PERSONAL | |
| Health Insurance | \$ |
| Life Insurance | \$ |
| Disability Insurance | \$ |
| Long-Term Care Insurance | \$ |
| Child Care/Education Expenses (including tuition) | \$ |
| OTHER (fill in below) | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL MONTHLY EXPENSES | |
| NOTES: | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

IMPORTANT NOTICES: PLEASE READ CAREFULLY

In order to receive a grant from St. Genevieve School, parents must agree to participate in school wide fundraisers:

- Parents agree to participate in mandatory school-wide fundraisers, which total a profit of \$500.
- Each family receiving grant assistance is required to purchase \$1,500.00 in Script or buy out for \$250.
- Parents must contribute a minimum of \$75 towards the Endowment Fund payable by March 1, 2019. Please note this will be added to your FACTS account on this date.

Service hours:

- Parents agree to complete 50 service hours or pay \$12.00 for each hour not served.
- Single parent household and families with students on both the elementary and high school campuses are required to do 25 or pay \$12.00 for each hour not served.

Terms and Conditions:

The information submitted in this application is confidential and provided for the purposes of determining eligibility for a grant from Saint Genevieve School. By signing this application, you verify that you understand and agree that all information provided on this form is true, accurate and complete to the best of your knowledge. You further agree that you have provided all requested forms. St. Genevieve Schools is under no obligation to review or accept any application that is incomplete, ineligible, unsigned, has not provided adequate proof of income, has discrepancies or lack information that make it unreasonable to render a funding decision. You further agree that your application was submitted before the program deadline of June 14, 2019. Failure to submit your application by the deadline is grounds for refusal.

In addition:

- **All prior year fees are to be settled before the fiscal year of June 28th 2019.**
- **This application and the amount granted by St. Genevieve Schools to your family should not be discussed with anyone. If confidentiality is breached, we reserve the right to rescind your tuition assistance.**
- **St. Genevieve School's annual budget limits the number and size of the grants we may award annually. We reserve the right to deny your application due to budget constraints.**

*****Any student cleared from CEF waitlist who receives a grant of financial assistance will not receive additional funding once the CEF waitlist is cleared.*****

Please take a moment to review the application instructions and requested documents one final time.

Signature of Parent/Guardian A: _____ Date: _____

Signature of Parent/Guardian B: _____ Date: _____