

St. Anthony of Padua School

Tuition Assistance Application 2020-2021

SECTION A

1. Name of Applicant (student): _____
2. Name of Parent(s)/Guardian(s): _____
3. Address: _____
4. City: _____ Zip: _____ Phone: _____
5. What grade will this student be entering in August 2020? _____
6. Did this student receive any Tuition Assistance in 2019-2020? **Yes** **No**
7. Do any students listed above receive financial aid/scholarships including CEF? **Yes** **No**
If yes, list names and amount. _____

SECTION B

1. Number of people in household: _____ (A household is a group of individuals who are living as one economic unit and are sharing living expenses. Including rent, food, medical bills, utilities, etc.)
2. Please list members existing in your household.

Name	Relationship to student	Age	Occupation/School	Monthly contribution to household

3. Name **Father**/Guardian _____ Occupation _____
4. Does this student live with this parent? **Yes** **No** Income per year _____
5. Name **Mother**/Guardian _____ Occupation _____
6. Does this student live with this parent? **Yes** **No** Income per year _____

7. **Other sources of Income (indicate amount per year)**

Child Support	\$	Social Security	\$	Business	\$	Disability	\$
Retirement	\$	Public Assistance	\$	AFDC	\$	Other	\$

8. Total annual (yearly) **HOUSEHOLD** income. _____
(This figure must include a total of the gross salaries, as well as any other income that comes to the household including items from #8 table.)
9. Do you own your own home? **Yes** **No** If yes, what is your monthly payment?

10. Do you rent? **Yes** **No** If yes, what is your monthly payment?

11. Make, model and year of family car(s) _____
12. List any non-reimbursed day-care expenses for 2019-2020? _____
13. Do you have any medical/dental expenses for 2020 not covered by insurance? **Yes** **No**
14. Do you pay child support or alimony? **Yes** **No**
15. Do you have any major expenses for 2020? **Yes** **No**
16. Other monthly payments, excluding, food and utilities not mentioned above:

SECTION C

1. What does your family do to help the school? _____

2. If appropriate, describe any unusual or extenuating circumstances, which require special consideration in evaluating this application. (Attach a separate sheet if necessary.)

3. Please list an amount of monthly tuition payment that you would be able to pay in a timely manner *(This does not guarantee assistance or the amount of assistance if received.)* _____

The information on this form is true and correct.

(Any false information contained on this form will void the application.)

 Parent/Guardian Signature

 Date

***Please return the application to the Tuition Office along with a copy of verification of income (This year's completed income tax returns, or last year's completed income tax returns plus this year's W-2s**

Your application will not be processed without this verification.