

St. Anthony of Padua School

Tuition Assistance Application 2021-2022

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 2021? _____
6. Did this student receive any Tuition Assistance in 2020-2021? **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 |
|------|-------------------------|-----|-------------------|-----------------------------------|
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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 2020-2021? _____
13. Do you have any medical/dental expenses for 2021 not covered by insurance? **Yes** **No**
14. Do you pay child support or alimony? **Yes** **No**
15. Do you have any major expenses for 2021? **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