

# St. Anthony of Padua School

## Tuition Assistance Application

2024-2025 School Year

### SECTION A

1. Name of Applicant (student): \_\_\_\_\_
2. Name of Parent(s)/Guardian(s): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. What grade will this student be entering in August 2024? \_\_\_\_\_
6. Did this student receive any tuition assistance from 2023 to 2024?  Yes  No
7. Do the above students receive financial aid/scholarships, including CEF?  Yes  No  
If yes, list names and amounts. \_\_\_\_\_  
\_\_\_\_\_

### 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.)**

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 2023-2024? \_\_\_\_\_
13. Do you have any medical/dental expenses for 2024 not covered by insurance?  **Yes**  **No**
14. Do you pay child support or alimony? **Yes**  **No**
15. Do you have any significant expenses for 2024?  **es**  **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