



**TUITION ASSISTANCE**  
**APPLICATION DEADLINE: June 1<sup>st</sup>**

**GUIDELINES AND INSTRUCTIONS:**

- Applicants **who qualify** for the Archdiocesan Children’s Scholarship Fund must apply for it in order to receive consideration for St. Patrick’s Tuition Assistance, unless you were not able to make the deadline.
- Students must be registered for the upcoming school year at St. Patrick’s – Elkhorn.
- Tuition Assistance is not available for PreSchool students.
- Complete all sections of the application. **THE MORE INFORMATION RECEIVED, THE BETTER.**
- Send in copy of previous year’s tax return reflecting Adjusted Gross Income.

<b>PART I: Parent/Guardian Information</b> (Only list the parents/guardians who <b>live with</b> the dependents listed in Part II.)		
Last Name		First Name
Relationship to Dependents		Employment Status
Occupation:		Cell Phone
<hr/>		
Last Name		First Name
Relationship to Dependents:		Employment Status:
Occupation:		Cell Phone:
<hr/>		
Address:		
City:	State:	Zip:
Email Address:		Home Phone #:

<b>For Office Use Only:</b> Case #: _____ CSF Applied for <input type="checkbox"/> Yes <input type="checkbox"/> No CSF Amount Rec’d.: _____		
Prior Ass’t Awarded _____ Prior Year Tution Paid in Full <input type="checkbox"/> Yes <input type="checkbox"/> No (Amt Open _____)		
Actions Decided Upon: Tuition Assistance Granted <input type="checkbox"/> Yes Amount Granted _____ <input type="checkbox"/> No		
____Special Financial Arrangements Made		
Describe: _____		
_____		

**PART II: Dependent Information** (Please list all dependents in order of age, starting with the oldest. Only include dependents in high school or younger. Information is for the school year assistance is requested for. If you need additional space, please add on another page.)

**Dependent 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Age \_\_\_\_\_ Enrolled in School?  Yes Grade \_\_\_\_\_  No  
Name of School Enrolled In: \_\_\_\_\_

**Dependent 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Age \_\_\_\_\_ Enrolled in School?  Yes Grade \_\_\_\_\_  No  
Name of School Enrolled In: \_\_\_\_\_

**Dependent 3**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Age \_\_\_\_\_ Enrolled in School?  Yes Grade \_\_\_\_\_  No  
Name of School Enrolled In: \_\_\_\_\_

**Dependent 4**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Age \_\_\_\_\_ Enrolled in School?  Yes Grade \_\_\_\_\_  No  
Name of School Enrolled In: \_\_\_\_\_

**Dependent 5**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Age \_\_\_\_\_ Enrolled in School?  Yes Grade \_\_\_\_\_  No  
Name of School Enrolled In: \_\_\_\_\_

**Dependent 6**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Age \_\_\_\_\_ Enrolled in School?  Yes Grade \_\_\_\_\_  No  
Name of School Enrolled In: \_\_\_\_\_

**PART IV: Family Income**

**Last Calendar Year**

Total Income..... \$  
(Line 22 on Form 1040; Line 15 on Form 1040A; Line 4 on Form 1040EZ)

Adjusted Gross Income..... \$  
(Line 37 on form 1040' Line 21 on Form 1040A; Line 4 on Form 1040EZ)

Annual Child Support Received..... \$

Annual Temporary Assistance..... \$

Annual Food Stamps Received..... \$

Other Annual Non-Taxable Income Received..... \$  
(ie. Housing Allowance – Clergy/Military, help from friends/family, etc.)

**PART V: Income Changes**

Are you expecting an income change from last calendar year?  Yes  No

If yes, please complete this following section:

Amount of annual increase or decrease..... \$

**Reason for Increase:**

**Reason for Decrease**

Complete if "Other" was chosen above: \_\_\_\_\_

**PART VI: Family Assets/Debt**

Cash on Hand..... \$  
(Checking, Savings)

Stocks, Bonds, Investments..... \$

If you own your home: Current Market Value..... \$

Mortgage Balance..... \$  
(Include any second mortgage or home equity loan)

Value of Any Other Property..... \$  
Cars Second Homes Rental Property Other

Amount Still Owed on These Properties..... \$

Number of Vehicles\* (owned or leased).....

**Monthly** Vehicle Payments..... \$

Total Annual Vehicle Payments..... \$

Credit Card Debt..... \$  
(Enter the total balance owed on ALL credit cards)

**Monthly** Credit Card Payments..... \$

Other Debt (Please describe in Party VIII)..... \$

\*Please complete Vehicle Information

**Vehicle 1**

Make:  
Model:  
Year:  
Loan Balance:

**Vehicle 2**

Make:  
Model:  
Year:  
Loan Balance:

**Vehicle 3**

Make:  
Model:  
Year:  
Loan Balance:

**Vehicle 4**

Make:  
Model:  
Year:  
Loan Balance:

**PART VII: Expenses**

**Monthly Expenses:**

**Monthly Mortgage or Rent Payment**..... \$  
(Include 2<sup>nd</sup> Mortgage, home equity loan)

**Monthly Utilities**..... \$  
(Electric, gas, water)

**Yearly Expenses for Prior Calendar Year:**

**Homeowner's or Renter's Insurance**..... \$  
(if not included in your mortgage payment)

**Taxes Paid on Home**..... \$  
(if not included in mortgage payment)

**Unreimbursed Medical/Dental Expenses**..... \$  
(Not included in Monthly Health Insurance Premium)

**Other Expense**..... \$  
(Explain other expense)  
\_\_\_\_\_  
\_\_\_\_\_

**Monthly Insurance Premium**..... \$  
(Only include your portion of health insurance premium)  
If any of your health insurance premium is deducted from  
your paycheck, is it taken **(circle one) Pretax Post-tax**

**Monthly Telephone & TV**..... \$  
(land line, cell phones, cable tv, satellite)

**Monthly Child Support Payments**.... \$  
(Made by you to another household)

**Monthly Alimony Paid by You**..... \$

**Monthly Student Loan Payment**..... \$  
(For family members no longer in college)

**Monthly Charitable Contribution**..... \$  
(Cash only)

**Monthly Day Care Expenses**..... \$  
(Do NOT include dependent tuition)

**\*\*\*Please indicate the amount of tuition assistance you are seeking: \$ (Must complete)**

**PART VIII: Special Circumstances**

Use the space below to describe any additional special circumstances that may affect your eligibility for assistance. Attach pages as needed.

**PART IX: Time and Talent**

Please, let us know if you would be able to share your time and/or talent with St. Patrick’s Church or St. Patrick’s School. Describe below what you are able to provide for time and/or talent. Also, list any activities you are already involved in.

All information provided will be kept under the strictest confidence. Applications are presented to the Tuition Assistance Committee with Case Numbers only, so all names will be anonymous.

Applications are due June 1<sup>st</sup> for the next school year. Review of these applications will take place as soon as possible after the due date. If circumstances arise after the start of the school year resulting in the need to apply for tuition assistance, applications will be due at your earliest convenience.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_