

ST. JOSEPH SCHOOL  
TUITION ASSISTANCE  
APPLICATION FORM

THIS APPLICATION MUST BE FILLED OUT COMPLETELY  
IN ORDER TO BE ELIGIBLE TO APPLY FOR THESE FUNDS.

Student(s) Name(s): \_\_\_\_\_

Primary Parent/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Secondary Parent/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Home Parish: \_\_\_\_\_ Registered/Active: \_\_\_\_\_

Documents to be submitted to verify the household income:

\_\_\_\_ 2007 W2 Forms      \_\_\_\_ 2007 Income Tax Return      \_\_\_\_ Other

\_\_\_\_\_ Total 2007 Income

\_\_\_\_\_ Number of adults supported by this income

\_\_\_\_\_ Number of children supported by this income

Number of Students attending St. Joseph School in 2008-2009: \_\_\_\_\_

Student(s) Grade in 2008-2009: \_\_\_\_\_

Please briefly list any unusual or extenuating circumstances, which might require special consideration in evaluating this application.  
If needed, you may attach on a separate form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly list what your family does to support the school and parish.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I promise to keep current on tuition payments to St. Joseph School. I understand that the tuition assistance will be made only if my child(ren) is/are enrolled and I stay current on the tuition.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student:      \_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Guardian

ST. JOSEPH SCHOOL

FINANCIAL ASSISTANCE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Children attending SJS:	<u>Name</u>	<u>Grade</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Household Income: \_\_\_\_\_

Income from Other Sources: \_\_\_\_\_

Reason for application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other extenuating circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of tuition you feel you are able to pay: \_\_\_\_\_

When circumstances change, are you expecting to pay full amount? \_\_\_\_\_ Yes \_\_\_\_\_ No

ADMINISTRATIVE USE ONLY: