

School Year: \_\_\_\_\_

### **TUITION ASSISTANCE APPLICATION**

Financial information will be kept confidential and reviewed by the financial assistance committee for eligibility. If you are eligible for any assistance through the school, you will be notified by the school via an award letter. If a program outside of the school is available, your application will be reviewed by that program. Tuition assistance applications are applied for on an annual basis with each school year.

Please answer each question. Incomplete forms will be returned and this will delay your application process. If you have any questions, please feel free to call the office for assistance at (920)499-9969.

**IMPORTANT: If any question does not apply to your situation, please fill in the line with N/A.**

#### **FAMILY DATA**

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_  
street city ZIP code

MOTHER'S EMPLOYER: \_\_\_\_\_

MOTHER'S OCCUPATION/TITLE: \_\_\_\_\_

MOTHER'S MONTHLY INCOME: \$ \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_  
street city ZIP code

FATHER'S EMPLOYER: \_\_\_\_\_

FATHER'S OCCUPATION/TITLE: \_\_\_\_\_

FATHER'S MONTHLY INCOME: \$ \_\_\_\_\_

MOTHER and/or FATHER ANY OTHER INCOME: \$ \_\_\_\_\_

NUMBER OF STUDENTS ATTENDING SAINT JOSEPH SCHOOL: \_\_\_\_\_

1. \_\_\_\_\_ GRADE \_\_\_\_\_

2. \_\_\_\_\_ GRADE \_\_\_\_\_

3. \_\_\_\_\_ GRADE \_\_\_\_\_

## MONTHLY EXPENSES

MORTGAGE/RENT \$ \_\_\_\_\_

### UTILITIES:

WPS \$ \_\_\_\_\_ PHONE \$ \_\_\_\_\_ CELL PHONE \$ \_\_\_\_\_

CABLE \$ \_\_\_\_\_ CAR PAYMENT \$ \_\_\_\_\_ INSURANCE \$ \_\_\_\_\_

CREDIT CARD \$ \_\_\_\_\_ MEDICAL BILLS \$ \_\_\_\_\_

OTHER EXPENSES: (Please describe other expenses)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Please provide a brief explanation of any other circumstances that hinder your ability to pay full tuition.

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Please state any important information regarding previous year's wages and projected income for the coming year. \_\_\_\_\_

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### **IMPORTANT- PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

(Circle yes/no for each item listed 1-4) Incomplete forms will be returned to you.

1. Yes/No Copy of your most recent tax form enclosed.
2. Yes/No W-2 Form enclosed.
3. Yes/No Child support statement enclosed (if applicable).
4. Yes/No Any other financial assistance forms enclosed (if applicable).

\*All information will remain confidential-only to be reviewed by the financial assistance committee. If any clarification on information is needed, you will be contacted. Thank you.

I certify that all statements on this application are true, complete, and accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

