

ST. MONICA SCHOOL
TUITION AID GRANT APPLICATION
ALL INFORMATION IS CONFIDENTIAL
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
PLEASE COMPLETE ALL INFORMATION AND RETURN TO THE SCHOOL OFFICE.

APPLICATION DEADLINE: May 15, 2017

FAMILY INFORMATION

Student Name: _____ Grade in Fall: _____

Present Address: _____ City _____ Zip _____

Student lives with (**circle one**): Both parents Mother Father Parent & Step-Parent Guardian
 (If applicable) The following have legal custody of student(s) named above: _____

Complete All appropriate sections below:

Name of **FATHER** _____
 Street Address _____ City _____
 State _____ ZIP _____ Home _____ Phone _____
 _____ Occupation _____ Employer _____
 _____ Current yearly gross income _____ Gross income last year _____

Name of **MOTHER** _____
 Street Address _____ City _____
 State _____ ZIP _____ Home _____ Phone _____
 _____ Occupation _____ Employer _____
 _____ Current yearly gross income _____ Gross income last year _____

Name of **GUARDIAN** _____
 Street Address _____ City _____
 State _____ ZIP _____ Home _____ Phone _____
 _____ Occupation _____ Employer _____
 _____ Current yearly gross income _____ Gross income last year _____

Name of **STEP-FATHER/STEP-MOTHER** _____
 Street Address _____ City _____
 State _____ ZIP _____ Home _____ Phone _____
 _____ Occupation _____ Employer _____
 _____ Current yearly gross income _____ Gross income last year _____

TOTAL HOUSEHOLD SIZE Names (ages) of other dependents living at home: _____

Indicate TOTAL GROSS INCOME (all income sources combined, as it appears on Federal income tax form for 2016): \$ _____

(Total should include all applicable salaries, child support, AFDC, unemployment benefits, welfare, Social Security, etc.)

A photocopy of your entire 2016 federal income tax return must be attached with application. If you didn't file a federal income tax return, then copies of W-2s, AFDC, welfare, SS and other income must be submitted with application.

If you live in your own home, what is its approximate value \$ _____

Aggregate of mortgage balance(s): \$ _____ Monthly mortgage payment(s): \$ _____

If you rent your living space, what is your monthly rental payment(s): \$ _____

Based upon these and other factors, please indicate the total amount of tuition aid you

are seeking for the 2017-2018 school year: \$ _____

ADDITIONAL FINANCIAL INFORMATION

Please list any **significant family expenses** that demonstrate your need for financial assistance at this time:

Please indicate any **special circumstances** (job loss, income loss, medical bills, legal judgments, and personal catastrophes...) that additionally demonstrate your need for financial assistance at this time:

PARISH/SCHOOL INVOLVEMENT

St. Monica School tuition policy states that tuition grants can solely be awarded to parish member families. Please explain your level of involvement in parish life by responding to the following questions:

How long have you been an active member of our St. Monica Parish and/or All Saints Parish community? _____

How long have you been a member of our St. Monica School community? _____

Liturgies (How often does your family attend liturgies at St. Monica Church?)

_____ weekly _____ frequently
_____ 1-2 times/month _____ seldom

If not at St. Monica, where does your family attend church? _____

Christian Formation

_____ Attend adult series
_____ Child(ren) attended Sunday School (if coming from public school)
_____ Prayer group
_____ Sacramental preparation for parents
_____ Catechist
_____ Other (name _____)

Human Concerns

_____ St. Vincent de Paul
_____ Habitat
_____ Meal Programs
_____ Other (name _____)

Prayer and Worship Committee

_____ Lector _____ Choir
_____ Eucharistic Minister _____ Usher
_____ Liturgical Environment _____ Hospitality/Greeter
_____ Committee Member _____ Environment
_____ Other (name _____)

OTHER MINISTRIES SERVED:

_____ Parish Council
_____ Special events (Explain): _____
_____ Parish Committee (name _____)

In addition to the above, list other volunteering done for St. Monica School/St. Monica Parish:

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____