

St. John the Evangelist Parish School

2019-2020

ANGEL FUND TUITION GRANT APPLICATION

Student Information:

Student(s) Name:

_____ **Last** _____ **First** _____ **M.I.**
(Use additional paper if
necessary for student names)

Address:

_____ **Street** _____ **City** _____ **State** _____ **Zip**

Phone:

_____ **Cell** _____

Email Address:

**2019-2020 Grade
Levels:**

Circle All Grades That Apply for Your Children
K4 K5 1 2 3 4 5 6 7 8

Family Information:

Check box if single parent / guardian household

Circle one: **Father** _____ **Stepfather** _____ **Guardian** _____
Name _____ **Phone** _____
_____ **Address** _____ **2018 Gross Income** _____
_____ **Employer** _____ **Occupation** _____

Circle one: **Mother** _____ **Stepmother** _____ **Guardian** _____
Name _____ **Phone** _____
_____ **Address** _____ **2018 Gross Income** _____
_____ **Employer** _____ **Occupation** _____

List names and ages of dependents under the age of 18 (include applicants):

**PLEASE TURN PAPER OVER TO
REVERSE SIDE** 

Financial and Family Information:

Did you file a 2018 Income Tax Return?

Yes (see Line 3)

No (see Lines 1 & 2)

1. Indicate total gross income of immediate family for 2018 _____
2. If you did not file an income tax return, please attach a copy of proof of family income (e.g. copy of Welfare, Social Security, Child Support, etc.)
3. Attach a copy of your 2018 federal income tax return (Summary Form Only - i.e. 1040 form, pages 1 and 2) - Please note: Copy must be included, or application will not be considered.
4. Do you _____ own your home? _____ rent?
5. What is your monthly mortgage or rent payment? _____
6. Based on the info above, please tell us what percentage of tuition you think your family is able to afford (based on \$3240.00 current per child rate for K4 -Grade 8):

7. Our family attends Sunday mass on a regular basis. _____yes _____no
8. Our family has made a commitment of time, talent, and treasure to St. John the Evangelist Parish, and has a current pledge card on file at the parish office. _____yes
_____no
9. Other special family circumstances:
(examples: unemployment, high out-of-pocket medical expenses, other – attach a separate sheet if necessary)

I certify that all information and attachments are true and accurate.

(Parent/Guardian Signature) (Date)

Submit completed form and all attachments by May 1, 2019 to:

Mary Laidlaw Otto
Principal
St. John the Evangelist Parish School
"Confidential"
8500 W. Coldspring Road
Greenfield, WI 53228

*All Information on this application is held in strict confidence. *