

**APPLICATION FOR TUITION ASSISTANCE
ST. GABRIEL CATHOLIC PARISH SCHOOL**

Date _____ How long have you been a Member of St. Gabriel Parish? _____

Applicant Family Information

Name of Parent(s) or Legal Guardian _____

Address _____ City _____ Zip _____

Telephone _____ Email _____

Religious Affiliation _____ Church Affiliation _____

Marital Status: Married Separated Divorced Single Widowed

Children: (Use back of Application Form for additional Children)

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Name</u>	<u>Age</u>	<u>Grade</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Children applying for Tuition Assistance: (Use back of Application Form for additional Children)

Name: _____ Name _____

Name: _____ Name _____

Financial Information

Adjusted Gross Income from the previous calendar year IRS Form 1040:		Actual	Estimated
<u>Family Member (name)</u>	<u>Employer/Occupation</u>	<u>Last Year</u>	<u>This Year</u>
_____	_____	_____	_____
_____	_____	_____	_____

Parish Participation Information

Attendance at Weekend Mass: Every Most Seldom Never

List current and proposed participation in St. Gabriel Parish events and activities by family members:

(Use back of Application Form for additional events/activities)

List how family members currently volunteer time and talent at St. Gabriel Parish? List proposed additions.

(Use back of Application Form for additional volunteer time and talent)

Signature(s) of person(s) providing the above information:

Print Name _____

Print Name _____