

**ST. JOSEPH PARISH
TUITION ASSISTANCE APPLICATION**

Oldest Student's Name _____
Last First Middle

Address _____

Phone: home _____ cell _____

Parents' or Guardian's Name(s) _____

List your dependent children, their ages and the school they attend:

Name	Age	School attended	Tuition cost if any
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(Use back side if you need more room.)

FINANCIAL NEED

What is your current annual gross income-*Attach a copy of your current tax forms & W-2s*

Father's wages \$ _____

Mother's wages \$ _____

Other (include social security, child support, etc.) \$ _____

Total \$ _____

Amount of Federal Income Tax you paid last year \$ _____

Do you own your home? ___ Yes ___ No Monthly mortgage \$ _____

Do you rent your home? ___ Yes ___ No Monthly rent \$ _____

Do you own any real estate other than that which you reside? ___ Monthly inc. \$ _____

Do you qualify for food stamps or any other aid? Explain _____

_____ Your monthly tuition rate will be \$ _____

Amount of tuition you feel you can afford to pay \$ _____

Amount of Tuition assistance requested \$ _____

Are there special circumstances that hinder your ability to pay?

Please mention how you volunteer your time for your school & parish.

I understand that I must apply to FACTS in order to be considered for Parish Tuition Assistance. Visit <https://online.factsmgmt.com/aid> to complete & submit information.

Signature of Parents or Guardians

Note: This form is confidential and your request will be handled in a confidential manner.

Return to Rectory by March 1, 2018