

St. John Fisher Parish

Tuition Angel Financial Assistance Application

Type of Religious Education

(Check appropriate box)

Holy Family Regional School

SJF PREP

Parent/ Guardian 1 Name: _____

Parent/ Guardian 2 Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Email: _____

Parent/Guardian Employer Information:

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Name of Child(ren):

_____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Holy Family Regional Catholic School Family ONLY

(check one appropriate information)

We **have** **have not** applied for financial aid through BLOCS or another tuition assistance program.

Financial Information

Please itemize your monthly income and attach supporting documentation.

Please Note: *This application will be processed only if the application is complete and the required items are attached:*

- A copy of the most recent tax returns (1040 or 1040EZ) for everyone living in the household
- The last two paycheck stubs of everyone in the household who is working
- Proof of Social Security or Social Security Disability Income, if applicable
- Proof of any other sources of income, if applicable (e.g. Unemployment Compensation, Food Stamps, etc.)

Income Monthly Amount	\$ _____
Gross Wages/Salaries/Tips	\$ _____
Unemployment Comp	\$ _____
Social Security Income	\$ _____
Child Support/Alimony	\$ _____
Aid to Dependent Children	\$ _____
Pension	\$ _____
Other:	\$ _____
Total Income	\$ _____

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may be penalized for falsifying information in connection with this application.

Parent/Guardian Signature: _____

Parent 2/Guardian 2 Signature: _____

Date: _____