

**St. Anne School**  
**Application for Tuition Assistance – 2018-19**

Criteria for granting assistance is based on:

1. Available funds
2. Financial need \*
3. Parish membership status
4. Efforts to meet financial responsibilities

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parish in Which You are a Member: \_\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Amount of Tuition you can pay: \$ \_\_\_\_\_

**(Please indicate a specific amount)**

Current Families:

Participating in SCRIP? \_\_\_\_\_ Have you met the family SCRIP minimum for 2017-18? \_\_\_\_\_

Reason for Assistance Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out the above portion and return this form with the following information to the school or parish office in an envelope marked “Principal/Parish Life Coordinator -Confidential.”**

**\*Attach the following: 1) copy of 2017 IRS Income Tax Return; 2) employee copy of 2017 W-2 form(s); 3) copy of most recent pay stub(s).**

Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Parish Life Coordinator)

\_\_\_\_\_  
(Principal)