



SAINT LAWRENCE CATHOLIC SCHOOL REQUEST FOR TUITION ASSISTANCE

SECTION A: PARENT OR GUARDIAN INFORMATION

Include all parents or guardians who reside in the family home

Check one: Father: _____ Stepmother: _____ Guardian: _____

Check one: Mother: _____ Stepmother: _____ Guardian: _____

Last Name First Name M.I.

Last Name First Name M.I.

Social Security Number Age Work phone

Social Security Number Age Work phone

Occupation

Occupation

Employer (note if self-employed) # of years

Employer (note if self-employed) # of years

Marital status (check one): Single: _____ Married: _____

Marital status (check one): Single: _____ Married: _____

Separated: _____ Divorced: _____ Widowed: _____

Separated: _____ Divorced: _____ Widowed: _____

SECTION B: HOUSEHOLD INFORMATION

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

How many people will reside at this address during the 2017 – 2018 school year?

Number of parents: _____ Number of children: _____ Number of other people: _____ Total: _____

Do you rent or own your residence? _____

What is your monthly rent/mortgage payment? \$ _____

Please continue form on reverse

SECTION C: DEPENDENTS

Include all dependents who reside in the family house or attend college and rely on the adults in Section A for their primary financial assistance. Please print the full name and age of each child. If the child will attend a tuition-charging school, preschool, daycare or college during the 2017-2018 school year, provide the information requested. If you are requesting tuition assistance at those schools, please indicate the aid requested in the last column.

Last Name	First Name	Age	Name of school, preschool, daycare or college,	Grade	Tuition	Aid Requested
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
Total Aid Requested:						\$ _____
Total Aid approved:						\$ _____

SECTION D: INCOME AND EXPENSES

Provide the following for tax year 2016. Enter all applicable information

Adjusted Gross Income (AGI) from bottom box on Form 1040 or 1040A	\$ _____
Federal (not state) income taxes paid from 1040 or 1040A	\$ _____
Child support (include total paid in 2016)	\$ _____
Alimony (include total paid in 2016)	\$ _____
Medical and dental expenses not paid by insurance or otherwise reimbursed	\$ _____

SECTION E: SPECIAL CIRCUMSTANCES

Provide a brief description of any significant changes in income, expenses, or financial condition expected during the 2017-2018 school year, or any other information that you would like to be considered when determining aid eligibility.

SECTION F: CERTIFICATION AND SIGNATURE

This must be signed by all parents listed in Section A. Incomplete or unsigned forms will not be considered

I/We hereby certify that the information on this form is complete and accurate to the best of my/our knowledge. I/we authorize Saint Lawrence Catholic School to verify this information.

P-R-I-N-T-E-D name of parent or guardian

Parent or guardian signature

Date

P-R-I-N-T-E-D name of parent or guardian

Parent or guardian signature

Date