



Our Lady Star of the Sea School
PO Box 560, 90 Alexander Lane
Solomons, MD 20688
Phone (410) 326-3171

Pastor: Father Ken Gill
Principal: Mrs. Jennifer Thompson

OUR LADY STAR OF THE SEA TUITION ASSISTANCE APPLICATION

This form is to be completed annually by applicants seeking tuition assistance from Our Lady Star of the Sea based on demonstrated financial need. Completed applications should be submitted to the principal. All information will be kept confidential and will be reviewed by school administration only.

PARENT/GUARDIAN RESPONSIBLE FOR TUITION (#1):

Name: _____ Relationship to student(s): _____

Address: _____

Phone: Home _____ Cell: _____

Occupation: _____ Employer: _____

Length of Employment: _____ Religion: _____

PARENT/GUARDIAN RESPONSIBLE FOR TUITION (#2):

Name: _____ Relationship to student(s): _____

Address: _____

Phone: Home _____ Cell: _____

Occupation: _____ Employer: _____

Length of Employment: _____ Religion: _____

DEPENDENT CHILDREN:

Child's Name	Age	'21-22 Grade	Current School	Received eligible sacraments?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOUSEHOLD INFORMATION:

Number of people who will reside in the household during the next school year:

Parents/Guardians: _____ Children: _____ Other (relationship): _____

Marital Status of Parents/Guardians: _____

Current Annual Household Income: \$ _____

Do you receive or pay Child Support? (circle one) Yes No

If yes: Receive per year: \$ _____ Pay per year: \$ _____

Do you own or rent your home? (circle one) Own Rent Monthly Payment: \$ _____

TUITION INFORMATION:

Have you applied for Archdiocese of Washington Tuition Assistance? (circle one) Yes *No

* If No, please attach a copy of your 2020 W-2 form(s)

Have you applied for the State of Maryland BOOST Scholarship? (circle one) Yes No

What monthly tuition amount are you able to pay? \$ _____

Amount in tuition assistance you are seeking: \$ _____

VOLUNTEER SERVICE:

Please share any type of service you are willing and/or able to provide to the school/parish:

UNUSUAL CIRCUMSTANCES OR ADDITIONAL INFORMATION:

Please share additional information you feel would be beneficial in determining your eligibility:

PARENT/GUARDIAN SIGNATURE(S)

My signature certifies that all the information on this form is true, to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Budgeted Tuition: \$ _____ Parish Assistance: \$ _____

ADW Assistance \$ _____ Family Amount: \$ _____

BOOST: \$ _____ Monthly Amount: \$ _____

Notes: _____