OUR LADY STAR OF THE SEA
PO Box 560, 90 Alexander Lane, Solomons, MD 20688
Phone (410) 326-3535

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PARISH TUITION ASSISTANCE APPLICATION

The Parish Tuition Assistance Application is to be completed annually by applicants seeking tuition assistance based on demonstrated financial need. Completed applications should be submitted to the pastor. All information will be kept confidential and will be reviewed by school administration only.

1) PARENT, GUARDIAN, OR OTHER ADULT RESPONSIBLE FOR TUITION (#1)

Name: _____   Relationship to child: _____

Address: _____

Home #: _____ Work: _____ Cell: _____

Employed By: _____   For how long: _____

Religion: _____

2) PARENT, GUARDIAN, OR OTHER ADULT RESPONSIBLE FOR TUITION (#2)

Name: _____   Relationship to child: _____

Address: _____

Home #: _____ Work: _____ Cell: _____

Employed By: _____   For how long: _____

Religion: _____

3) DEPENDENTS: List all dependent children

Child's Name	Age	Grade	Current School	Current Tuition Assistance (if any)
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____

4) HOUSEHOLD INFORMATION

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

Parents: ____   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: $_____

5) TUITION INFORMATION

Have you applied for tuition assistance from the Archdiocese of Washington? (circle one):   Yes   No

Have you applied for the State of Maryland BOOST Scholarship?   Yes   No

Amount in tuition assistance you are seeking? $_____

What monthly tuition amount are you able to pay? $ _____ x 11 months

6) VOLUNTEER SERVICE TIME (Required)
Please share any type of service you are willing and/or able to provide to the school/parish:

_____

_____

_____

7) UNUSUAL CIRCUMSTANCES / ADDITION INFORMATION
Please share additional comments or information you feel would be beneficial in determining your eligibility:

_____

_____

_____

_____

_____

FOR ADMINISTRATIVE USE ONLY

Budgeted Tuition: $_____   ADW Assistance: $_____   BOOST: $_____

Parish Assistance: $ _____   Family Amount: $_____

Monthly Amount Due: $_____

Notes: _____

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