ST. JOSEPH SCHOOL

MONROEVILLE, OHIO

## K-8TH GRADE TUITION ASSISTANCE FORM 2018-2019

Student(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_

###### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent: Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catholic \_\_ Non Cath. \_\_

Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catholic \_\_ Non Cath. \_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_

Registered Parishioner of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Custodial Parent: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catholic \_\_ Non Cath. \_\_

(If applicable):

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_

Employer(s):

Father: Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years experience: \_\_\_\_\_\_\_

Mother: Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years experience: \_\_\_\_\_\_\_

Parents' marital status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent designated as financially responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Additional Family Information

Report the number of dependent children and estimated tuition to be paid at tuition charging schools for the coming year.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_

Report any additional children not yet attending school

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

1

MONTHLY INCOME STATEMENT

Record the requested information in average monthly figures.

Items Amounts

##### Taxable wages for the past year (Jan. to Dec.) per month, Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxable wages for the past year (Jan. to Dec.) per month, Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest earned on savings, checking, investments, trusts, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Social security benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment compensation payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workers compensation benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welfare benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability insurance benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food stamps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Pensions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loans owed to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional income (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Total Monthly Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### MONTHLY EXPENSE STATEMENT

Record the requested information in average monthly figures.

Items Amounts

Mortgage(s) payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House/apartment, rental payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical bills/health care insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loan payment (credit cards, auto, personal, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back tax payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life/property insurance payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child support payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition to be paid for coming school year (child and parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional living expenses (clothing, food, etc.):

Please itemize: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Total Monthly Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2

#### ADDITIONAL INFORMATION

Considering your family circumstances, how much tuition could you afford to pay monthly (10 months)

at St. Joseph for the 2018-2019 school year?

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give any other comments or information that would be helpful to us in determining the amount of assistance needed in the coming year.

#### PARENTS' AUTHORIZATION

We declare that the information supplied on these forms to the best of our knowledge is true, correct, and complete. We agree to supply in addition to these forms a copy of our latest federal income tax return. (Forms not accompanied by these tax returns will not be processed for tuition assistance).

Signatures:

Financially responsible parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL INFORMATION SUPPLIED WILL BE HELD STRICTLY CONFIDENTIAL.

Thank you for your time and effort.

Preference will be given to active and participating members of Saint Joseph and Saint Alphonsus Parishes.

**Please return by May 1, 2018 to: Attention Father Ron Schock**

**66 Chapel Street**

**Monroeville, OH 44847**

\*Assistance will be considered on a first-come first-serve basis.

3