



Our Lady Star of the Sea School  
PO Box 560, 90 Alexander Lane  
Solomons, MD 20688  
Phone (410) 326-3171  
Pastor: Fr. Robert Kilner  
Principal: Mrs. Jennifer Thompson

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## OUR LADY STAR OF THE SEA TUITION ASSISTANCE APPLICATION FOR 2024-25 SCHOOL YEAR

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: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Religion: \_\_\_\_\_

### PARENT/GUARDIAN RESPONSIBLE FOR TUITION (#2):

Name: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Religion: \_\_\_\_\_

### DEPENDENT CHILDREN:

Child's Name	Age	'24-25 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 2022 W-2 form(s)

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

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: \_\_\_\_\_

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**FOR ADMINISTRATIVE USE ONLY**

Budgeted Tuition: \$ \_\_\_\_\_ Parish Assistance: \$ \_\_\_\_\_

ADW Assistance \$ \_\_\_\_\_ Family Amount: \$ \_\_\_\_\_

BOOST: \$ \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Notes: \_\_\_\_\_