

ST. ROSE-McCARTHY SCHOOL

1000 N. HARRIS STREET HANFORD, CA 93230
559-584-5218

www.strosemccarthy.com

TUITION ASSISTANCE APPLICATION

Due April 15, 2017

(Confidential)

(Application must be completed in FULL. DO NOT leave any lines blank.)

School Year _____

Family Name: _____

Father/Guardian: _____ SSN: last 4 #'s/ _____

Mother/Guardian: _____ SSN: last 4 #'s/ _____

Address: _____ Phone # _____

City: _____ Zip Code: _____

Number of Children to attend St. Rose-McCarthy School: _____

List the grades of these children: _____, _____, _____, _____

Children attending school live with: _____

Parents are: _____ married, _____ separated, _____ divorced, _____ deceased

I/We understand that the school will evaluate our ability to receive tuition assistance based on need and availability of classroom space for all the children. The school does not discriminate on the basis of race, color, or other non-merit criteria. The school will, however, give first consideration to practicing Catholics who are visibly involved in the life of our parish.

I/We understand that tuition assistance is made possible from various sources. As a recipient of this assistance, I/we understand that I/we will be required to participate actively in all Parents' Club fund raising events, school maintenance hours and the Scrip Program. It is our understanding that our full participation is necessary that our full participation is necessary in all school programs in order to help maintain a reasonable tuition rate.

I/we understand that our portion of tuition is due and payable accordingly;
10 Month Plan: **August through May on the 5th day and late on the 10th day.** A **\$25.00** late charge will apply if tuition is received after the 10th. When a family becomes two (2) months late, the privilege of attending St. Rose-McCarthy School may be revoked.

Please submit the following with your application, all information is necessary:

- _____ a copy of your last year's tax return.
- _____ Work pay stubs for the last two months (of all who are responsible for Payment of tuition)

Please describe any circumstances which are unique or of particular hardship to your family. Please list any dependents which will not be attending this school.

I/We have read this entire application. I/We understand and accept the conditions outlined above.

I/We do hereby permit St. Rose-McCarthy School to obtain a credit report if necessary. I/We understand that the school will keep this information confidential.

Signed: _____ Date: _____
Father/Guardian

Signed: _____ Date: _____
Mother/Guardian

MONTHLY INCOME:

	Father	Mother
Gross Income (primary job)	_____	_____
Gross Income (second job)	_____	_____
Child Support	_____	_____
Other*	_____	_____
Other*	_____	_____
TOTAL	_____	_____

- Include disability, welfare, food stamps, unemployment, alimony, etc.

TOTAL FAMILY INCOME \$ _____

EMPLOYMENT:

Father Employed at: _____ Phone _____
Mother Employed at: _____ Phone _____

MONTHLY EXPENSES:

(Do not include tuition)

Rent/Mortgage _____
No. 1 Car Payment _____
No. 2 Car Payment _____
Gasoline _____
Food _____
Utilities & Phone _____
Clothing _____
Health/Medical _____
Other: _____
Other: _____
Other: _____

Total: _____

\$150 Registration Fee must be paid for each child with application