The Good Shepherd Fund

ST. ROSE-McCARTHY SCHOOL
1000 N. Harris St., Hanford, CA 93230
(559) 584-5218

CONFIDENTIAL TUITION ASSISTANCE APPLICATION

Due April 15, 2020

The Good Shepherd Fund is intended to help NEW families/students attend St. Rose-McCarthy School (SRM) who may not otherwise be able to do so due to limited financial resources. Tuition assistance is awarded in the form of tuition reduction grants. The amount of each award is based upon the demonstrated financial need of the student's family in relation to all other families applying. SRM strives to distribute as much financial assistance as possible within the constraints of our limited resources.

All families/students receiving Good Shepherd tuition assistance must meet the following criteria:

- Families are responsible for paying the registration fee for all students accepted.
- Students must maintain an unweighted 2.0 GPA.
- Students must maintain high standards of deportment and attendance.
- Students must be involved in at least one major extra-curricular activity.
- Families must be current with tuition, parent participation hours, and obligations as specified in SRM's contract and the Parent/Student Handbook.

Failure to meet any of the aforementioned criteria will result in the family forfeiting their ability to apply for tuition assistance the following year.

The following must be submitted with your application:

- A copy of your most recent Income Tax Return.
- Copies of work paystubs for all who are responsible for payment of tuition for the last two months.

PLEASE NOTE: Incomplete applications will not be accepted.

Families applying for tuition assistance will be notified of acceptance by May 15, 2020.

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Students new/attending St. Rose-McCarthy School:

Last Name	First Name	Grade	Religion

All other dependents:

Name	Age	School	Tuition Amount	Resides with you? (Yes/No)

Father, Stepfather and/or Guardian Information			
Name:			
Email:	Home Phone:		Cellular Phone:
Address:			
City:	State:		Zip Code:
Please circle: Own home or Rent home	Mortgage/Rent per month: $		How long at this address:
Employer:		How long:	
Employer address:			
City:	State:		Zip Code:
Employer phone:		Employer Email:	
Position:	Please circle: Hourly or Salary		Annual income:

Mother, Stepmother and/or Guardian Information		
Name:		
Email:	Home Phone:	Cellular Phone:

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Mother, Stepmother and/or Guardian Information continued		
Address:		
City:	State:	Zip Code:
Please circle: Own home or Rent home	Mortgage/Rent per month: $	How long at this address:
Employer:		How long:
Employer address:		
City:	State:	Zip Code:
Employer phone:	Employer Email:	
Position:	Please circle: Hourly or Salary	Annual income:

Monthly Expenses			
Credit Cards	Current: Yes/No	Current Balance	Monthly Payment
Auto Loans	Current: Yes/No	Current Balance	Monthly Payment
Other loans, debts, or obligations	Current: Yes/No	Current Balance	Monthly Payment

Other sources of income and/or assets, i.e., rental property, social security, military benefits	
Description	Amount per month or value

Applicant's Signature **Date**

Co-Applicant's Signature **Date**