

# ST. ROSE-McCARTHY SCHOOL

1000 N. HARRIS STREET HANFORD, CA 93230

559-584-5218

[www.strosemccarthy.com](http://www.strosemccarthy.com)

## TUITION ASSISTANCE APPLICATION

*Due April 15, 2018*

(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 Parent Club fund raising events, school maintenance hours and the Scrip Program. It is our understanding 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 5<sup>th</sup> day and late on the 10<sup>th</sup> day.** A **\$25.00** late charge will apply if tuition is received after the 10<sup>th</sup>. 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.

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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***