St. Isidore School
Tuition Assistance Program
2022-2023

The gift of a Catholic education, for many parents, is a choice often made at great sacrifice. For others, it is entirely dependent upon the receipt of tuition assistance. The availability of financial aid can be the deciding factor in choosing Saint Isidore School, especially as tuition costs continue to rise. Saint Isidore School maintains a Tuition Assistance Program, which provides limited financial assistance to families based on need and on an applicant's availability to assist in the school upon request.
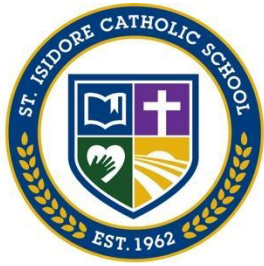
Consideration for tuition assistance requires the submission of a Tuition Assistance Application and supporting documentation by the designated deadline. Please read the application carefully and complete it in its entirety, attaching the requested documentation and submitting the entire package on or before the referenced deadline. An incomplete application, missing documentation or an untimely submission will prevent evaluation of the application and result in the denial of the tuition assistance request.

ST. ISIDORE SCHOOL
TUITION ASSISTANCE APPLICATION

- **Obtain:** Applications will be available at the school office and on line through the school's web site.
- **Criteria:** Financial Need/Availability to assist in the School.
- **Open To**: Students entering Grades 1-8.
- **Documentation required**: Copies of 2020/2021 Federal Income Tax Returns (Form 1040), copies of 2020-2021 W-2 forms and /or 1099 forms, and copies of pay stubs indicating current year earnings.
- **Available Date**: Current students (grades 1-8): March 18, 2022
- **Due Date for application to be returned**:   April 20, 2022 or sooner
- **Return Completed application to**: Saint Isidore School Office in an envelope marked **CONFIDENTIAL**.
- **Fee:** Applicants will be responsible for any credit check fees.

Once submitted, the Tuition Assistance Application will be reviewed by both the Pastor and the Principal, and an applicant may be asked to attend a meeting with the Pastor and/or the Principal to review the application. In addition, an applicant may be requested to submit additional information or to clarify an issue in his/her application. If an applicant's financial situation changes and he/she no longer needs tuition assistance or no longer requires the same level of assistance, he/she is expected to notify the school about the change in his/her financial assistance needs.
Saint Isidore School will notify applicants in writing about the status of their application.

St. Isidore School
2022 – 2023
Tuition Assistance Application
CONFIDENTIAL

St. Isidore School is dedicated to providing a quality, caring Catholic education to its students and their families, and whenever possible, the school will provide tuition assistance to those students based on need.

Note: This application is confidential and will only be viewed by the Pastor and the Principal.

Criteria for Qualification: A grant of tuition assistance is based on need and on the availability of applicant(s) to assist in the school when requested.

Name of Parent(s) _____

Address _____

Telephone (including area code) _____

FAMILY INFORMATION *(please circle one)*

Two parent family   Single parent family   Guardian

List of children at home and not self-supporting:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Please list additional names on the back of the last page.

INCOME INFORMATION

Father _____ $ _____ $ _____
                  Occupation   '20 Taxable Wages   '21 Taxable Wage

                                                  (estimated)

Mother _____ $ _____ $ _____
                  Occupation   '20 Taxable Wages   '21 Taxable Wages

                                              (estimated)

Guardian _____ $ _____ $ _____
                  Occupation   '20 Taxable Wages   '21 Taxable Wages

                                              (estimated)

I/We hereby declare the above information is complete, accurate and truthful. I/We hereby give St. Isidore School the right to perform a full credit check on me/us.

_____   _____   _____
Date   Signature   Signature

<u>PLEASE ENCLOSE WITH THIS FORM YOUR TWO MOST RECENT TAX RETURNS AND W-2's AS WELL AS CURRENT YEAR'S PAY STUBS INDICATING CURRENT YEAR EARNINGS.</u>

SCHOOL TUITION GRANT APPLICATION

For school year _____/_____

Grant Application is for (circle one of the following):   1   2   3   4   Children

Total number of dependents _____   Ages _____   _____   _____   _____

Are any planning to attend tuition-charging schools other than St. Isidore School?   _____

If yes, please identify: _____

Be sure to include this tuition and the expected assistance in your application below.

How much **TOTAL** tuition assistance is requested with this application? _____

APPLICANT'S EMPLOYMENT INFORMATION

Your position _____   Current Monthly Salary $ _____

How long with this company? _____   Last yrs. Monthly Salary $ _____
                                         yrs./mos.

Co-Applicant Employment Information

Your position _____   Current Monthly Salary $ _____

How long with this company? _____   Last yrs. Monthly Salary $ _____
                                         yrs./mos.

FINANCIAL NET ASSETS

Assets	Applicant	Co-Applicant	Total
Savings Accounts *(non-retirement)*	$	$	$
Home Equity *(market value less debt)*	$	$	$

Life Insurance (Cash value)	$	$	$
Children's Trusts/Savings	$	$	$
Other Real Estate Equity	$	$	$
Value of Ownership Interest in a Business	$	$	$
Total Value of IRA, Keogh, 401K, SEP or other retirement accounts; other assets	$	$	$

Total Net Assets $ _____

APPLICANT'S FINANCIAL RESOURCES

Monthly Information	Applicant	Co-Applicant	Total
Salary	$	$	$
Profits from Business	$	$	$
Child Support & Alimony	$	$	$
Interest or Dividend	$	$	$
Government Assistance	$	$	$
Other Income *(Rentals, Deferred Compensation, etc…)*	$	$	$

Total Monthly Income $ _____

APPLICANT'S FINANCIAL OBLIGATIONS

Monthly Information	Applicant	Co-Applicant	Total
Rent or Mortgage *(include taxes, fees & ins.)*	$	$	$
Car Payments *(include monthly insurance)*	$	$	$

Child Support & Alimony	$	$	$
Monthly Payments on Debt *(credit card payments)*	$	$	$
Childcare Expenses and Other Tuition *(net)*	$	$	$
Living Expenses *(food, clothes, etc…)*	$	$	$
Other Assets	$	$	$

Total Monthly Expenses $ _____

Net monthly cash flow (resources less expenses)   **$ _____**

Tuition obligation to this school without assistance   **$ _____**

Amount you could pay   **$ _____**

Amount of monthly assistance requested   **$ _____**

FINANCIAL HARDSHIPS

Please describe your financial situation and hardship, or provide any other information that you think should be considered with your tuition assistance request. (attach additional pages if necessary)

_____

_____

_____

_____

_____

Is this your first request at St. Isidore School? _____
If not, how many prior requests have you made? _____
How many years have you received tuition assistance? _____

OTHER INFORMATION

Which school activities, meetings, and/or fundraisers have you participated in during the past two years? What school activities, meetings and/or fundraisers do you plan to participate in? What is your St. Isidore Church family envelope number? Please respond below.

_____

_____

_____

_____

SCHOOL TUITION GRANT APPLICATION

Parents must cooperate fully with the school, to include but not be limited to, payment of reduced tuition on time, attendance at meetings, compliance with requests by the school for assistance, etc.

I/we am/are applying for a tuition assistance grant, and as evidenced by my/our signature(s) below, I/we authorize St. Isidore School to contact credit reporting agencies and to verify the information contained in this application. I/we agree to pay any fees associated with such a credit check. I/we agree to provide any supporting documents requested for evaluation of this application, and I/we understand that the application will not be considered without those documents. In addition, I/we authorize my/our employer(s), my/our bank(s) and any other references listed in this application and attachment(s) to release or verify financial need or financial hardship, and I/we acknowledge that the amount of the tuition assistance grant will be determined from this application and that such grants shall only be applied towards tuition. False or unverifiable information will result in a rejection of this tuition assistance application.

I/we certify that the above information and attachments are true, correct and complete.

I/we understand that failure to meet all financial obligations ON TIME could result in immediate forfeiture of financial aid offered by St. Isidore School. All payments for tuition, extended care and fundraising must be made according to school deadlines.

Applicant Name _____

Applicant Signature _____   Date _____

Co-Applicant Name _____

Co-Applicant Signature _____   Date _____