



# St. Isidore School

## 2024 – 2025

### 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, the Principal and the Bookkeeper.**

*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	'22 Taxable Wages	'23 Taxable Wage (estimated)

Mother _____	\$ _____	\$ _____
Occupation	'22 Taxable Wages (estimated)	'23 Taxable Wages

Guardian _____	\$ _____	\$ _____
Occupation	'22 Taxable Wages (estimated)	'23 Taxable Wages

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

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.

**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 <i>(non-retirement)</i>	\$	\$	\$
Home Equity <i>(market value less debt)</i>	\$	\$	\$
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**

<b>Monthly Information</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Total</b>
Salary	\$	\$	\$
Profits from Business	\$	\$	\$
Child Support & Alimony	\$	\$	\$
Interest or Dividend	\$	\$	\$
Government Assistance	\$	\$	\$
Other Income <i>(Rentals, Deferred Compensation, etc...)</i>	\$	\$	\$

**Total Monthly Income \$ \_\_\_\_\_**

**APPLICANT'S FINANCIAL OBLIGATIONS**

<b>Monthly Information</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Total</b>
Rent or Mortgage <i>(include taxes, fees &amp; ins.)</i>	\$	\$	\$
Car Payments <i>(include monthly insurance)</i>	\$	\$	\$
Child Support & Alimony	\$	\$	\$
Monthly Payments on Debt <i>(credit card payments)</i>	\$	\$	\$

Childcare Expenses and Other Tuition ( <i>net</i> )	\$ _____	\$ _____	\$ _____
Living Expenses ( <i>food, clothes, etc...</i> )	\$ _____	\$ _____	\$ _____
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 \_\_\_\_\_