



# Mater Dei High School

## Tuition Assistance Application

**“PRIORITY” DEADLINE FOR SUBMISSION: APRIL 15, 2024**

Submit completed application including your 2023 Federal Tax Return and any supporting documents  
any of the following ways:

- ⇒ Email to Jill Seiler at [jseiler@evdio.org](mailto:jseiler@evdio.org)
- ⇒ Drop off at the Mater Dei main office

⇒ Or Mail to Mater Dei High School, Attn: Jill Seiler, 1300 Harmony Way, Evansville, IN 47720

**Student Name:** \_\_\_\_\_ (Please submit a separate application for each student.)

**Student’s grade for 2024-25** (Please indicate 9, 10, 11, or 12) \_\_\_\_\_ **Student’s Birthdate:** \_\_\_\_\_

**Please circle:** Catholic or Non Catholic      **If Catholic, Parish where registered:** \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parents are:**  Married     Divorced     Other (explain) \_\_\_\_\_

**Who does the student live with?**  Both Parents/Same Household     Mother Only     Father Only  
 Joint Custody/Separate Households     Guardian

**If joint custody, specify which parent the student lives with the most** \_\_\_\_\_

**Does this parent receive child support?**  No     Yes (If yes, documentation must be provided)

**Total number of people living in the household** \_\_\_\_\_ (You may include students away at college)

**List all family members living in household in the chart below:**

	First name	Last Name	Birthdate	School attending in Fall of 2024-25 (if applicable)
1				
2				
3				
4				
5				
6				
7				
8				

Please list any additional family members on a separate sheet (continued on back)

**1. Does the student you are applying for have an IEP (Individualized Education Plan) or an ISP (Individualized Service Plan)?** A 504 is not applicable.  Yes  No

**2. Is the student's parent a current or former member of the military or law enforcement?**

Yes  No

**If yes, what is/was their branch of service and division or rank?** \_\_\_\_\_

Please list out of pocket expenses (if applicable) for the following:

Elementary school tuition: \_\_\_\_\_ College tuition: \_\_\_\_\_

Out of the ordinary medical expenses: \_\_\_\_\_

Additional extraordinary expenses (list details): \_\_\_\_\_

If your 2023 tax return does not provide an accurate description of your household financial situation, please explain. (You may use another sheet of paper if you need more room.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Tuition assistance is awarded on behalf of the student.**

**Coordinating payment of the remaining tuition balance  
is the responsibility of the parents/guardians.**

**The school will provide tuition statements to both parents in cases of divorce or separation.**

Signature of parent/guardian applying for assistance:

I certify that all submitted information is true, correct, and complete to the best of my knowledge. I understand that I am applying for all forms of tuition assistance, including Tax Credit Scholarship (SGO), School Choice Voucher, and any other Mater Dei tuition assistance available.

I will provide copies of documents to verify household income and household size (and child support if applicable). This application may be used to substantiate eligibility for all forms of tuition assistance stated above.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

For questions regarding tuition assistance for Mater Dei families, please contact:  
Jill Seiler, MDHS Enrollment Manager  
jseiler@evdio.org or (812) 426-2258 ext. 322