

Good Shepherd School Tuition Assistance Application

(Please type or print - illegible or incomplete applications will not be considered)

PARENT INFORMATION

Name: Select One: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian		Name: Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	
Address:		Address: (if different from left)	
Contact Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Registered with Good Shepherd Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Registered with Good Shepherd Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		Email:	
Employer:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Employer:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Position:	Health Insurance Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Health Insurance Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsor Name (if applicable):	Registered with Good Shepherd Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	

CHILD(REN) INFORMATION

Name:	Age:	Name:	Age:
Present school & grade OR occupation:	Scholarship applies to this child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Present school & grade OR occupation:	Scholarship applies to this child: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:	Name:	Age:
Present school & grade OR occupation:	Scholarship applies to this child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Present school & grade OR occupation:	Scholarship applies to this child: <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide additional child(ren) information on an attached sheet

FAMILY SERVICE

What are your strengths and availability to help the school?

ATTACHMENTS

REQUESTED FUNDING

W4 documentation to determine financial need.	Amount Requested:
	Have you received assistance previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you applied for other funding? <input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that all information on this application is true and authorize its use to evaluate this application. I understand that the school principal or religious education coordinator may be contacted, and all application information will remain confidential.

PARENT SIGNATURE: _____

DATE: _____