St. Isidore School
2026– 2027
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 '24 Taxable Wages '25 Taxable Wage (estimated)

Mother _____ $ _____ $ _____
Occupation '24 Taxable Wages '25 Taxable Wages (estimated)

Guardian _____ $ _____ $ _____
Occupation '24 Taxable Wages '25 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

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 *(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 _____