

**Tuition Assistance Request (2017-2018)**  
 ONE FORM PER FAMILY - KINDERGARTEN THROUGH 8<sup>TH</sup> GRADE

In order to apply for tuition assistance, complete the following steps and submit to the school office by April 24, 2017:

1. Answer the questions below.
2. Prepare an itemization of monthly household income and expenditures (**see page 2**).
3. Sign and date both forms.
4. **Provide copy of household tax return(s) for the year 2016.**
5. Submit this information to the school office by April 24, 2017.

**NOTE: If all information is not completed, assistance WILL NOT be given.** If your tuition is not current per your financial agreement, tuition assistance *will be discontinued*. Please contact the principal if you have any questions or concerns regarding tuition assistance.

What is your name? \_\_\_\_\_

What is your spouse's name? \_\_\_\_\_

Are you currently a registered member of Queen of the Holy Rosary or St. Pius X Parish?

No       Yes ----->     QHR     SPX

Please list the following information regarding *all* children living in your household:

<u>Child's Name</u>	<u>Age</u>	<u>School Attending</u> ( <i>School Year 2017-18</i> )
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your current tuition obligation (before JP II assistance) for all children attending Catholic schools for the 2017-18 school year?    \$ \_\_\_\_\_

What can you pay towards John Paul II Catholic School tuition per month?    \$ \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(OVER)**

# MONTHLY HOUSEHOLD INCOME & EXPENDITURES

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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## MONTHLY INCOME

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL:</b> _____	

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## MONTHLY EXPENDITURES

ITEM	AMOUNT	ITEM	AMOUNT
<i>Rent/Mortgage</i>	_____	<i>Groceries</i>	_____
<i>Electric</i>	_____	<i>Car Payments</i>	_____
<i>Gas</i>	_____	<i>Car Maintenance</i>	_____
<i>Water</i>	_____	<i>Daycare</i>	_____
<i>Trash</i>	_____	<i>Church</i>	_____
<i>Telephone</i>	_____	<i>Retirement</i>	_____
<i>Life Insurance</i>	_____	<i>Credit Cards</i>	_____
<i>Auto Insurance</i>	_____	<i>Gifts</i>	_____
<i>Home Insurance</i>	_____	<i>Clothing</i>	_____
<i>Medical/Dental Insurance</i>	_____	<i>Medical/Dental Bills</i>	_____
		<b>TOTAL of both columns:</b> _____	

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## MONTHLY SURPLUS

Total Income: \_\_\_\_\_  
(-) Total Expenditures: \_\_\_\_\_  
**TOTAL Surplus:** \_\_\_\_\_

Please list other circumstances we should consider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_