

**Tuition Assistance Request (2018-2019)**  
 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 23, 2018:

1. Answer the questions below and complete the *Monthly Household Income and Expenditures* worksheet (**see page 2**).
2. **Provide copy of household 1040/1040A form(s) for the year 2017.**
3. Submit this information to the school office by April 23, 2018.

**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.

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

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

My family is currently registered as a member of:       QHR       SPX       Other

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

<u>Child's Name</u>	<u>Age</u>	<u>School Attending (School Year 2018-19)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 What is your current tuition obligation (*before JPPII assistance*) for ALL children attending Catholic schools for the 2018-19 school year?    \$ \_\_\_\_\_

**(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>Extra-Curricular Activities</i>	_____
<i>Medical/Dental Bills</i>	_____	<i>Other</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: \_\_\_\_\_