

Tuition Assistance Request (2019-2020)
 ONE FORM PER FAMILY - KINDERGARTEN THROUGH 8TH GRADE

In order to apply for tuition assistance, complete the following steps and submit to the school office by April 23, 2019:

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 2018.**
3. Submit this information to the school office by April 23, 2019.

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? _____

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

 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 2019-20)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 What is your current tuition obligation (*before JP II assistance*) for ALL children attending Catholic schools for the 2019-20 school year? \$_____

Please list the various activities and events in which you volunteered your time and/or talent during the current school year (2018-19):

(OVER)

MONTHLY HOUSEHOLD INCOME & EXPENDITURES

Last Name: _____ First Name: _____ Middle Initial: _____

MONTHLY INCOME

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL: _____	

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>	_____
TOTAL of both columns: _____			

MONTHLY SURPLUS

Total Income: _____
(-) Total Expenditures: _____
TOTAL Surplus: _____

Please list other circumstances we should consider: _____

Parent/Guardian Signature: _____ Date: _____