

ST. CATHERINE OF SIENA SCHOOL

TUITION ASSISTANCE APPLICATION

CHILD'S LAST NAME _____

PARENT INFORMATION

Father

Mother

Name _____
(Last) (First)

_____ _____
(Last) (First)

Address _____

Employer _____

Occupation _____

Home Phone () _____

() _____

Work Phone () _____

() _____

Marital Status _____ Married _____ Divorced _____ Separated _____ Widowed _____ Single

STUDENT INFORMATION

Number of Children enrolled at St. Catherine of Siena School _____

Name

Grade

Number of other dependent children in the family _____

Name

Grade

School

Est. cost, if any*

*Please note any financial aid being given by another school.

ST. CATHERINE OF SIENA SCHOOL

FINANCIAL BACKGROUND INFORMATION

Income	Monthly	Annual (x12)
Gross Income (wages, commissions, etc.)	\$ _____	\$ _____
Interest _____	_____	_____
Dividends _____	_____	_____
Income from Business _____	_____	_____
Other (SSAVA, support, etc.) _____	_____	_____
 Total Gross Income	 \$ _____	 \$ _____

***Please verify with copy of first two pages of federal tax return**

Number of cars in family _____

Year _____	Make _____	Monthly Payment \$ _____
Year _____	Make _____	Monthly Payment \$ _____
Year _____	Make _____	Monthly Payment \$ _____

Family residence Own _____ Rent _____ Monthly Payment _____

ADDITIONAL INFORMATION WHICH MAY BE HELPFUL (Optional)

FINANCIAL ASSISTANCE REQUESTED

Using the tuition Schedule, please complete the following:

- a. 2009 – 2010 Tuition \$ _____
- b. Amount which you think you can pay per month \$ _____

PARENT CERTIFICATION

I declare the information provided is correct to the best of my knowledge.

I further agree to notify the Finance Committee if my financial condition changes for better or for worse.

I understand that the financial assistance given is for the current year only and I am expected to repay the assistance when my financial condition improves.

FATHER'S SIGNATURE _____	DATE _____
MOTHER'S SIGNATURE _____	DATE _____
GUARDIAN'S SIGNATURE _____	DATE _____