

## Saint Cecilia Tuition/Fee Assistance Fund Application

Application Number (for office use only)	
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APPLICANT INFORMATION		
Name(s) Parent(s)/Guardian(s)		
Address		
Phone (Home)	Husband's (work)	Wife's (work)
In support of this request for assistance I submit the following information with the understanding that it will be treated and held with complete confidentiality and be used for determining need only. I declare the following information to be true, correct and complete to the best of my knowledge		
Signed: _____		Dated: _____

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ONLY INFORMATION BELOW THIS LINE IS PROVIDED TO THE TUITION ALLOCATION COMMITTEE

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HOUSEHOLD INFORMATION							
Parents' Marital Status: (circle one)		Married	Unmarried (including widowed & divorced)				Separated
Number of Dependents		Grade/Age	Grade/Age	Grade/Age	Grade/Age	Grade/Age	Grade/Age
Total number in Household		___/___	___/___	___/___	___/___	___/___	___/___
Attending St. Cecilia School/RE (circle one)	Yes	No	Yes	No	Yes	No	Yes

REQUEST FOR TUITION/FEE ASSISTANCE		
Total St. Cecilia tuition/fees for the upcoming year will be? <small>(see attached sheet for tuition/fee schedule)</small>	Elementary School \$ _____	Religious Education \$ _____
Amount of tuition/fee assistance you are requesting?	Elementary School \$ _____	Religious Education \$ _____
Why do you want your child or children to attend Saint Cecilia Schools?		

INCOME INFORMATION			
	Father	Mother	TOTAL
Occupation			
Length of Employment			
Monthly Base Employee Income	\$ _____	\$ _____	\$ _____
Monthly Overtime	\$ _____	\$ _____	\$ _____
Monthly Bonuses/Commissions	\$ _____	\$ _____	\$ _____
Other Income: Dividends/interest/child support/alimony	\$ _____	\$ _____	\$ _____
		<b>TOTAL</b>	\$ _____