

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)
<p>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</p> <p style="text-align: center;">Signed: _____ Dated: _____</p>		

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 No	Yes No	Yes No	

REQUEST FOR TUITION/FEE ASSISTANCE

Total St. Cecilia tuition/fees for the upcoming year will be? (see attached sheet for tuition/fee schedule)	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	\$	\$	\$
		TOTAL	\$

FINANCIAL INFORMATION

Residential Status: (Circle One) Rent Own Other (explain)

ASSETS	VALUE	LIABILITIES	PRESENT BALANCE	MONTHLY PAYMENT
Checking/Savings/C.D.'s	\$	Credit Cards	\$	\$
Automobiles	\$	Auto Loans	\$	\$
Home	\$	Mortgage Payment	\$	\$
Real Estate (other than Home)	\$	Rent Payment		\$
Other (list) Retirement, etc.	\$	Other (list) Home Equity, etc.	\$	\$
	\$		\$	\$
	\$		\$	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$

Please list any daycare, preschool and college tuition expenses other than Saint Cecilia that you will have this year.

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Please list any extenuating circumstances that will or are affecting the financial situation of your family, excluding any items mentioned above i.e. Medical /Dental (if space provided is inadequate please continue on separate sheet)

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RELIGIOUS/VOLUNTEER ACTIVITIES

I realize these funds are only available to active Saint Cecilia Parish households. Active Saint Cecilia parish households are those who have contributed time, money, goods or services to the parish or any of its programs.

I am active in St. Cecilia's Parish in the following ways:

Attend Sunday / Holy Day Mass (Circle One) Always Frequent Occasional Seldom Never

Money/Goods Donated: Any donations, including Sunday contributions and other goods.

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Time: Volunteer in the parish or any programs - examples - lector, school volunteer, catechist, usher ,etc.

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FOR ALLOCATION COMMITTEE USE ONLY	Approved () Amount of Aid \$_____	Denied ()	Initial_____	Dated____/____/____
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Comments: