SAINT GREGORY PARISH SCHOOL TUITION ASSISTANCE APPLICATION

Date of Application:	For School Year		
Child(ren)'s Name:			
	Last	First	Middle
Address:			
Phone Number:	,		
Parents' or Guardian	s' Names:		
Parish/Church Attend	ding:		
Are you currently reg	gistered at St. Gregor	ry Grade School	YesNo
List your dependents	, their ages, and scho	ool they attend:	
Name	Age	School Attended	Tuition Costs (if any)
	(Please use the bac	k if additional space is no	eeded)
What is your GROSS must be submitted v	•	attach copy of W-2's or n.	current taxes. This
- Father's Wag			
Mother's WaOther Income			
Total			
Amount of Feder	al Income Tax you p	oaid last year \$	

The Current Tuition Rate is: (See Tuition Schedule) Which is 10 monthly payments of:		\$	_
		\$	
Amount that you can afford to pay is:		\$	_
Amount of Tuition Assistance requested:		\$	_
In order to be following area	tter assess the needs of our far as:	milies please list your mon	thly expenses in the
Housing	\$	Own Rent	
Utilities	\$	To	_
	\$	To	-
	\$	To	-
Medical Exp.	\$	For	
	\$	For	
List Total Tin	ne Payments (ex. Loans, etc.)	\$	
Miscellaneous	S:		-
			-
			-
G:			
Signature of p	person or persons applying:		
		Relationship	
	ration Use Only:		
Tuition Assist	tance Granted / Denied (pleas	e circle)	
Amount Granted \$		For School Year	
Signature of A	Authorized Grantor:		_ Date:
Signature of Co-Grantor:			Date: