

**ST. JOSEPH/MARQUETTE CATHOLIC SCHOOL
TUITION ASSISTANCE APPLICATION 2017-18**

NOTICE: THIS FORM MUST BE COMPLETED AND RETURNED TO THE PRINCIPAL OR BOOKKEEPER WITH A COPY OF YOUR 2016 TAX RETURN NO LATER THAN APRIL 28, 2017 TO BE CONSIDERED FOR TUITION ASSISTANCE.

FAMILIES APPLYING FOR TUITION ASSISTANCE MUST NOT HAVE AN OUTSTANDING BALANCE WITH THE SCHOOL.

Tuition assistance is available to help families whose income is not sufficient to pay the cost of attending St. Joseph/Marquette Catholic School. Completed and returned applications for tuition assistance will not automatically assure that a family is to receive tuition assistance.

The maximum a family can receive is 60% the amount of the Reduced Tuition and is awarded up to that amount based on the tuition assistance chart. The payments for tuition assistance will be set-up on a twelve month basis, coinciding with the financial year of the school. Payments are due by the 10th of each month. Families who receive assistance will be responsible for the registration fee, book fee, non-catholic fee (if applicable), sell the allotted amount of raffle tickets, turn in \$50.00 (per child) in Jog-A-Thon pledges, and complete the given volunteer hours assigned according to the number of children attending St. Joseph/Marquette Catholic School at the Reduced Tuition level.

Applications should be completed and mailed or delivered to the Principal or Bookkeeper in a sealed envelope.

PLEASE LIST ALL FAMILY MEMBERS WHO CURRENTLY LIVE AT HOME:

NAME	AGE	SCHOOL ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have financial resources other than those that show on your tax return? (for example: child support, gifts, etc.) If yes, please list them below.

Please indicate the amount you feel that you would be able to pay on a monthly basis for tuition.

\$_____ per month

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION WILL BE TREATED AS PRIVILEGED AND CONFIDENTIAL AND WILL NOT BE AVAILABLE TO UNAUTHORIZED PERSONS OR AGENCIES.

SIGNATURE _____ DATE _____
(FATHER/GUARDIAN)

SIGNATURE _____ DATE _____
(MOTHER/GUARDIAN)