

**Application for Tuition Assistance: St. Columbkille Catholic School
2018-2019 School Year**

We have a limited funds available for tuition assistance for the 2018-2019 school year, but our goal is to make it possible for all parents/guardians to choose St. Columbkille Catholic School for their child(ren)'s education.

Please complete this application and **return it to Mrs. Redburn on or before Friday, May 11, 2018**. While there is no deadline for completing this application, be advised that once funds are disbursed we may not have any additional funds to give. Initial award notifications will be made in June.

- Please return completed applications and documentation in a sealed envelope to Mrs. Redburn in the school office by Friday, May 11, 2018.
- The amount of assistance can and will vary from year to year based on the amount of funds we have available for this program and how many applications we receive. **A new application must be submitted each year.**
- Applications can not be processed unless all information is given and requested documents are included.
- Tuition assistance will be awarded and you will be notified via mail in the month of June. If you have applied for a scholarship through the Children's Scholarship Fund and you are not awarded a scholarship through CSF, we will use that application for parish financial assistance; you will not need to fill out a new application.

Please keep the following in mind when completing the application:

- If your spouse is deployed to a combat zone, his or her combat pay is not counted as income if it wasn't received prior to deployment.
- If you receive off-base military housing allowance, it must be included as income. Call the school if you have questions.
- If your income is not always the same, list the amount that you normally receive.
- If you lost your job or had your wages reduced, then use your current income.
- Include all people living in your household, related or not, who share income and expenses. If you live with people who are economically independent who you do not support and who do not share income with you, do not include them.

Part 1: Household Members

First & Last Name	Age	School Attending & Grade	Check if no Income

Part 2: Household Gross Income (indicate frequency of income, e.g., weekly, every other week, monthly, annually, etc.)

Name	Gross Earnings	Welfare, child support, alimony	Pensions, SSI, Social Security, VA benefits	All other income

List All Other Tuition Assistance You are Receiving (include source & amount): _____

Printed Name: _____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Part 3: For Office Use Only

Date Received:

Part 3: Office Use Only (to be attached to application once processed)

Calculate total annual income:

Weekly x 52 Every 2 Weeks x 26 Twice a Month X 24 Monthly x 12

Show work here:

Total Annual Income:

Total Household Members

Percent of Federal Poverty Guidelines this income represents:

Other Tuition Assistance Family is Receiving:

Number of Children Attending St. Columbkille:

Other Factors:

Total Amount of Scholarship: _____

Printed Name of Official: _____

Signature of Official: _____