



June 17, 2016

Dear St. Christopher School Families,

Thank you for sharing the gift of your children with us here at St. Christopher School. We are truly blessed to be able to see their smiling faces each and every day. We know that it is a sacrifice for families to choose Catholic education in today's economy.

Tuition Assistance funds are available from St. Christopher School and will be awarded for the 2016-2017 school year. There is a limited amount of funds and will be based on:

- ~ Demonstrated Need
- ~ Explanation of financial situation with supporting documentation
- ~ Family payment history for the current school year

A St. Christopher School Tuition Assistance Application is attached. Please complete the form and return it with a copy of your tax information to the school office by June 24, 2016. All requests and information is confidential.

Decisions for tuition assistance will be made by The Tuition Committee and will be decided as close to June 30, 2016 as possible. A personal interview with the Tuition Committee maybe requested. All requests are kept confidential. If you have questions, please feel free to contact me with any questions at 693-5604.

Peace,

Mrs. Bainbridge



Tuition Assistance Application 2016-2017 School Year

ALL INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL

Section 1

Father/Guardian: _____
Last Name
First Name
M.I.

Address
City
State
Zip

Home Phone #
Cell Phone #

Employment _____ Title _____

Mother/Guardian: _____
Last Name
First Name
M.I.

Address
City
State
Zip

Home Phone #
Cell Phone #

Employment _____ Title _____

Parent/Guardian responsible for tuition (if different from above):

Last Name
First Name
M.I.

Address
City
State
Zip
Home Phone #

Employment _____ Title _____

Section 2

Income:

2015 Total Income

Last Month

Gross Income	_____	_____
Child Support	_____	_____
Rental Income	_____	_____
Public Assistance Income	_____	_____
Unemp/DBL/SS Income	_____	_____
Interest /Div. Income	_____	_____
Tuition Assistance for Other Children	_____	_____

Assets:

Savings Account Balance _____	Present Value of Home _____
Checking Account Balance _____	Automobile Value _____
U.S. Savings Bonds _____	Rental Property _____
Mutual Funds _____	Business Property _____

Debts:

Monthly Payment

Outstanding Balance

Auto Loans	_____	_____
Installment Loans	_____	_____
Educational Loans	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Mortgage Payment	_____	_____
Rent	_____	_____
Utilities (Per Month)	_____	_____
Medical/Dental Bills	_____	_____
Health Ins. Premium	_____	_____
Other Tuition	_____	_____
Other Expenses	_____	_____

Income Tax Information –

Please attach your completed 2015 Income Tax Return
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Number of Dependents Reported _____
 2015 Adjusted Gross Income _____ 2016 Estimated Income _____

Family Information

Number of Dependent Children _____. Please list all the names of the schools dependent children will be attending during the 2016-2017 school year.

Child's Name	School
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Child's Name	School
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The following will assist us when determining need and monetary amount:

Amount of tuition you feel you can pay: _____

Please list any other circumstances that will be of assistance to us: _____

I certify that the information on this form is true and accurate to the best of my knowledge and that any false statements will automatically disqualify me from any financial assistance. I understand that this is an application for financial assistance and by completing this application does not automatically guarantee financial assistance.

Father/Guardian

Date

Mother/Guardian

Date

Both signatures required if living in the same household.

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**** **IMPORTANT** ****

Please attach the Bison Scholarship Fund acceptance or denial letter to this application.