



*St. Christopher Roman Catholic Church and School*  
*Come...journey, follow and be inspired with us!*

---

May 3, 2017

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 2017-2018 school year. There is a limited amount of funds and distribution will be based on:

~ Demonstrated Need

~ Brief Explanation Letter 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 May 23, 2017. All requests and information are confidential. Please note that the committee will not be able to consider late applications for assistance.

Decisions for tuition assistance will be made by The Tuition Review Committee and the committee may request additional information to assist in the decision making process.

If you have questions, please feel free to contact me with any questions at 693-5604.

Peace,

Mrs. Bainbridge

Believe ~ Seek ~ Realize

2660 Niagara Falls Boulevard, Tonawanda, NY 14150      [school.saintchris.org](http://school.saintchris.org)

Telephone 716-693-5604



# St. Christopher Roman Catholic Church and School

*Come...journey, follow and be inspired with us!*

## Tuition Assistance Application

2017-2018 School Year

**ALL INFORMATION IS CONFIDENTIAL**

### Section 1

Father/Guardian: \_\_\_\_\_  
Last Name First Name Middle

Address City State Zip

Home Phone # Cell Phone #

Employer \_\_\_\_\_ Title \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Last Name First Name Middle

Address City State Zip

Home Phone # Cell Phone #

Employer \_\_\_\_\_ Title \_\_\_\_\_

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

Last Name First Name Middle

Address City State Zip Home Phone #

Employer \_\_\_\_\_ Title \_\_\_\_\_



# St. Christopher Roman Catholic Church and School

*Come...journey, follow and be inspired with us!*

## Section 2

### Income:

### 2016 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 2016 Income Tax Return**

Number of Dependents Reported \_\_\_\_\_  
 2016 Adjusted Gross Income \_\_\_\_\_ 2017 Estimated Income \_\_\_\_\_



# St. Christopher Roman Catholic Church and School

*Come...journey, follow and be inspired with us!*

## Family Information

Number of Dependent Children \_\_\_\_\_. Please list all the names of the schools dependent children will be attending during the 2017-2018 school year.

\_\_\_\_\_  
Child's Name School Grade

\_\_\_\_\_  
Child's Name School Grade

\_\_\_\_\_  
Child's Name School Grade

\_\_\_\_\_  
Child's Name School Grade

### 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.

**\*\*\*\* IMPORTANT \*\*\*\***

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