

St. Michael Parish
345 Edwards St.
Grand Ledge, MI 48837
Parish 517-627-8493, School 517-627-2167

Tuition Assistance Grant Application

NOTE: ALL OF THE FOLLOWING INFORMATION WILL BE HELD IN STRICT CONFIDENCE!

It is the philosophy of St. Michael Parish that no child will be denied an education at St. Michael School because of financial need. Therefore, we encourage any family needing financial aid to complete the following form. Any family registered in another parish should *first* seek financial aid from that parish.

PARENTS MARITAL STATUS:

Single ____ Married ____ Separated ____ Divorced ____

If divorced or separated, who has custody of the child/ren?

Mother ____ Father ____ Guardian ____

FINANCIALLY RESPONSIBLE PARENT OR GUARDIAN:

Name

Address

City State Zip

Home Phone Cell Phone Email Address

Employer Occupation Annual Salary

OTHER PARENT OR GUARDIAN:

Name

Address

City State Zip

Home Phone Cell Phone Email Address

Employer Occupation Annual Salary

DEPENDENTS: Total number of exemptions claimed on I.R.S. Form 1040, 1040EZ _____

DEPENDENTS ATTENDING SCHOOL THIS YEAR: (High School, College, Grad School)

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME INFORMATION:

Please complete the following information using the figures from your current Federal Income Tax Form. If separate returns were filed, include Income and Exemptions from both returns.

Total taxable income: \$ _____

Non-taxable income: (Social Security, Child Support, Welfare, ADC, Unemployment, Pension, Etc.)
\$ _____

Do you anticipate any significant change in income this year? Yes _____ No _____

If Yes, please explain: _____

Are you receiving tuition assistance, grants or scholarships for any of the students in your family for the coming school year? Yes _____ No _____

If Yes, amount \$ _____

Are you receiving tuition assistance, grants or scholarships for any of the students attending St. Michael Parish School? Yes _____ No _____

If Yes, amount \$ _____

Do anticipate receiving any other aid during the school year apart from the subsidy you are requesting?

Yes _____ No _____

If Yes, amount \$ _____

PARISH MEMBERSHIP AND VOLUNTEER/SERVICE WORK:

Are you a registered member of St. Michael Parish? Yes _____ No _____

If Registered, envelope # _____. Amount of your monthly contribution \$ _____

What type of volunteer/service work are you able to provide the school or parish in return for receiving tuition assistance?

Volunteer/service work availability: _____

Time of day you would be available? _____

Day of the week you would be available? _____

TUITION INFORMATION:

What is the full amount of St. Michael Tuition your family would owe without any financial assistance?

TOTAL TUITION \$ _____

STUDENT FEES (\$225 x number of children) \$ _____

TOTAL \$ _____

AMOUNT I CAN PAY OF
TOTAL TUITION/FEES \$ _____

AMOUNT OF AID REQUESTED \$ _____

ADDITIONAL INFORMATION:

Please describe any particular circumstances which you feel the committee should know in order to understand your need for assistance (i.e. other tuition, preschool, high school, college). If necessary, attach an additional sheet.

REQUIRED SIGNATURE:

I DELCARE THAT INFORMATION ON THIS FORM, TO THE BEST OF MY KNOWLEDGE, IS TRUE, CORRECT, AND COMPLETE.

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

NOTE: In addition to returning this form, we also ask that you submit a copy of this year's Federal Income Tax Form.

If the committee needs more information, you will be contacted by phone. You will be notified of the decision of the committee.

Please return this application to the Principal's office by:

For Office Use Only
Date form submitted: _____
Amount of assistance awarded: _____
Date contacted applicant: _____