

**Tuition Assistance Program**  
**At**  
**Notre Dame Academy**

Confidential Application Form (composed by the Diocese Office of Education)

Student's Name(s) Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

                                Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

                                Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Student lives with:

\_\_\_ Father

\_\_\_ Mother

\_\_\_ Step-father

\_\_\_ Step-mother

\_\_\_ Male guardian

\_\_\_ Female guardian

Parental Information:

\_\_\_ Married

\_\_\_ Father unable to work

\_\_\_ Divorced

\_\_\_ Mother unable to work

\_\_\_ Separated

\_\_\_ Father is deceased

\_\_\_ Widowed

\_\_\_ Mother is deceased

If parents are separated, who is responsible for tuition payments?

\_\_\_ Mother

\_\_\_ Father

\_\_\_ Other (Who?) \_\_\_\_\_

If more than one person is paying tuition, please give the percentage each will pay.

\_\_\_ Mother

\_\_\_ Father

\_\_\_ Other

FAMILY DATA:

Are both parents living at home? \_\_\_\_\_

Is the father currently employed? \_\_\_\_\_

Is the mother currently employed? \_\_\_\_\_

Number of children in Catholic grade school \_\_\_\_\_

Number of children in Catholic high school \_\_\_\_\_

Number of children attending other grade/ high schools \_\_\_\_\_

Number of children attending college \_\_\_\_\_ which colleges: \_\_\_\_\_

You are a registered member of what Parish? \_\_\_\_\_

FINANCIAL DATA: *The most recent 1040 tax form/ W2 must accompany this application*

Family Income

Adjusted family income \$ \_\_\_\_\_

Income from most recent tax forms \$ \_\_\_\_\_

Federal Income Tax \$ \_\_\_\_\_

Income during last 6 months \$ \_\_\_\_\_

Income during last 12 months \$ \_\_\_\_\_

Total monthly cost of housing this year

Include: Mortgage/Rent \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Health care costs not covered by insurance and paid by family during the last 12 months? \$ \_\_\_\_\_

High School Tuition paid by family this year \$ \_\_\_\_\_ and last year \$ \_\_\_\_\_

College tuition and housing paid by family this year \$ \_\_\_\_\_ and last year \$ \_\_\_\_\_

Day care expenses paid by family this year? \_\_\_\_\_

**How much can you pay per month?** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information which you would ask to be considered, please use the back of this page to include that information. (All information above and any additional information you include will be kept confidential.)