



Holy Cross Catholic School  
618 South Water Street Marine City, Michigan 48039  
Telephone: 810.765.3591 . Fax: 810.765.9074 fax  
www.holycrossonline.net

## TUITION ASSISTANCE APPLICATION 2023/24

**Due no later than March 31, 2023**

Tuition assistance is open to all families of Holy Cross Catholic School in good standing with the school (finances, fees, service credits, conduct). Tuition assistance is made possible through the generosity of donors who believe in the value of a Holy Cross Catholic School education.

Complete this application in its entirety and return to Holy Cross Catholic School. It is also mandatory to include a copy of your 2021 Federal Tax Form 1040. Tuition assistance applications will not be considered without this application completed in full AND the copy of your Federal Tax Form 1040.

Please attach on a separate sheet of paper if additional space is needed to respond to or explain any extenuating circumstances that should be considered.

**\*ALL INFORMATION IS CONFIDENTIAL\***

PLEASE PRINT OR TYPE:

Student's First and Last Name

Home Telephone

Address

School Currently Attending

Current Grade Level

Father, Stepfather or Guardian (with whom student lives)	Mother, Stepmother, or Guardian (with whom student lives)
Name:	Name:
Occupation:	Occupation:
Employer:	Employer:
Years with Employer:	Years with Employer:

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ANNUAL INCOME

	2020	2021	2022
Salary/Wages - Father/Stepfather/Guardian			
Salary/Wages - Mother/Stepmother/Guardian			
Interest/Dividends Earned			
Net Profit (Loss) Business			
Alimony			
Child Support			
Pension			
Social Security			
All other household income			
<b>TOTAL HOUSEHOLD INCOME</b>			

MONTHLY EXPENSES: (Exclude Tuition, Utilities, Insurance Premiums, etc.)

TYPE	BALANCE OWED	MONTHLY PAYMENT
Mortgage/Rent		
Auto		
Auto		
Credit Card		
Credit Card		
Credit Card		
Credit Card		
Other		
Other		
Other		

DEPENDENTS:

Name	Age	School currently attending	Tuition	Fin. Aid Received

Your family's ability to pay (annual tuition amount your family can afford): \_\_\_\_\_

We declare the information on this application to be true, correct, and complete to the best of our knowledge. We authorize the confidential use of this information by the Financial Aid Committee for the purpose of determining our qualification for the Academic Award and/or Tuition Grant.

\_\_\_\_\_  
Father/Stepfather/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Stepmother/Guardian Signature

\_\_\_\_\_  
Date

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