

PLEASE PRINT OR TYPE:

Years with Employer:

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, 2024

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 2022 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

| 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:

| JIVIL | | | |
|---|------|------|------|
| | 2021 | 2022 | 2023 |
| 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 | | | |
| TOTAL HOUSEHOLD INCOME | | | |
| · | | | |

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

| TYPE | BALANCE OWED | MONTHLY PAYMENT |
|---------------|--------------|-----------------|
| Mortgage/Rent | | |
| Auto | | |
| Auto | | |
| 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 information by the Financial Aid Committee for the purpose of determining our q | ů . |
| Father/Stepfather/Guardian Signature | Date |
| Mother/Stenmother/Guardian Signature | Date |

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