



# IMMACULATE CONCEPTION SCHOOL TUITION ASSISTANCE APPLICATION

Date Submitted: \_\_\_\_\_

Assistance Requested for Academic Year: **2020-2021**

### **Parent(s), Guardian(s) or Other Adult(s) Responsible for Tuition**

Check One: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Other			Check One: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Other		
Last	First	M.I.	Last	First	M.I.
Address			Address		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone
Email			Email		
Employer	How Long?		Employer	How Long?	
Religion	Parish Registered		Religion	Parish Registered	

### **Dependents (Enrolled in ICS)**

	Dependent's Last Name	Dependent's First Name	M.I.	Date of Birth	Sex	Grade for Next School Year	Registration Completed	Registration Paid
1								
2								
3								
4								

### **Tuition Information**

Amount of Monetary Assistance Requested	Estimated Amount of Tuition Able to Pay	Did your Family Receive Aid Last Year?	Yearly Tuition Due Including Discounts (if applicable)	Payment Method (Loan/Direct)

### **Household Information**

**Number of Individuals Residing in Household:**

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

**Student Resides With:**

- Both Biological/Adoptive Parents  Father Only
- Mother Only  Father/Stepmother  Mother/Stepfather
- Grandparents  Foster Family  Guardian
- Other \_\_\_\_\_

**Marital Status of Parents:**

- Single  Married  Separated  Divorced
- Remarried  Widowed  Other \_\_\_\_\_

\*If Divorced, Remarried, Separated or Single complete next section

**Who is Responsible for the Tuition for the Dependent(s)?**

- Father \_\_\_\_\_% Name \_\_\_\_\_
- Mother \_\_\_\_\_% Name \_\_\_\_\_
- Other \_\_\_\_\_% Name \_\_\_\_\_

\*If tuition is shared, each responsible party must complete a Tuition Assistance Form.

**Financial Information**

Income Source	Father	Mother	Other
Adjusted Gross Income reported on last year's Federal Income Tax Return*			
AFDC/ADC/SS/Food Stamps/Sec. 8/Other Public Assistance			
Any Other Additional Income (including Child Support and Unemployment)			
<b>Total Individual Income</b>			

All parents and guardians who claim children as dependents must report all income on this form and attach supporting documentation of that income.\*

**Total Household Income**  
(Sum of Bottom Row)

*\*Please attach a copy of last year's Federal Income Tax Return Form 1040, 1040A or 1040EZ (as filed with IRS) for all individuals responsible for tuition. If a federal return was not completed, provide proof of all income earned.*

**Additional Information**

State briefly your reasons for requesting tuition assistance, adding any information that will be helpful in the evaluation of your request. Please include any volunteer service or other assistance that you may be able to provide to the school in return, as the Tuition Assistance Program is funded through the generous donations of the Immaculate Conception Parish/School Community.

**This form must be completed and turned into the School Office by May 1, 2019. Registration form and fee must be completed and paid before consideration for assistance.**

I/we the undersigned in appreciating that a good Catholic home life is essential to an effective Catholic elementary education, agree to provide such an environment for my child/children. Regular Mass attendance, receiving of the Sacraments, and being active in the Parish/School are cornerstones on which my child's/children's education is built. I/we promise to provide such a necessary home life for my/our children.

I/we declare that the information provided on this form is true, correct and complete to the best of our knowledge. I/we promise to pay our child's school account in a timely manner, and comply with the policies of the school.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Immaculate Conception School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**For Office Use Only**

Date Application Received \_\_\_\_\_  
 Registration Form Received \_\_\_\_\_  
 Amount of Award \_\_\_\_\_  
 Date of Award \_\_\_\_\_