



St. Mary
Catholic Schools
Grades P3-12

OPTIONAL

2016-2017 Tuition Assistance Application

THIS FORM IS OPTIONAL. Only if you are requesting assistance, fill out this form completely and legibly. You **MUST** include all W-2's and applicable tax forms and return by **February 5, 2016** to be considered for assistance.

PRIMARY FINANCIALLY RESPONSIBLE PARTY

Applicant Last Name _____	Address _____	City, State, Zip _____
Marital status (circle): Single / Married / Divorced / Separated		Home phone: _____
Father First Name: _____		Mother First Name: _____
Employer: _____		Employer: _____
Primary phone: _____		Primary phone: _____
Email: _____		Email: _____
Religion: _____		Religion: _____

Please list your parish where you are ACTIVE parish members: _____

SECOND FINANCIALLY RESPONSIBLE PARTY (if applicable)

Last Name _____	Address _____	City, State, Zip _____
Marital status (circle): Single / Married / Divorced / Separated		Home phone: _____
Father First Name: _____		Mother First Name: _____
Employer: _____		Employer: _____
Primary phone: _____		Primary phone: _____
Email: _____		Email: _____
Religion: _____		Religion: _____

Please list your parish where you are ACTIVE parish members: _____

ALL CHILDREN IN FAMILY/HOUSEHOLD

Last Name	First Name	Age	Upcoming Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Office Use: ____/____/____ : _____

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