

St. Joseph Mission School
Tuition Assistance Application

There are several tuition assistance programs available to students of St Joseph Mission School based upon the requirements of the various programs. Any family interested in applying for tuition assistance need to complete the following information as well as any form required by the specific assistance program.

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Are there other siblings in the family not at St Joseph Mission School? YES NO

If Yes, please provide name, age, and school of each sibling:

Name	Age	School
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Primary Guardian / Mother's Employment:

Employer _____ Occupation _____

Address _____

Phone Number _____ Supervisor _____

Secondary Guardian /Father's Employment:

Employer _____ Occupation _____

Address _____

Phone Number _____ Supervisor _____

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Many tuition assistance programs are need-based. Need will be determined based on the following information. This information will only be shared with the tuition assistance programs for which you are applying if this information is requested in their application process.

SOURCES OF INCOME

Primary Guardian / Mother's Monthly Income	\$ _____
Secondary Guardian / Father's Monthly Income	\$ _____
Other Income (Alimony, Child support, etc.)	\$ _____
Total	\$ _____

EXPENSES

Monthly Mortgage or Rent	\$ _____
Monthly Utility Bills	\$ _____
Monthly Phone Bills	\$ _____
Monthly Car Payments	\$ _____
Monthly Food Costs	\$ _____
Monthly School Costs (for family members not at St. Francis School, i.e. attending college, student loan payments)	\$ _____
Monthly Medical Costs	\$ _____
Monthly Alimony or Child Support paid by you	\$ _____
Monthly Child Care cost (not St. Francis Preschool)	\$ _____
Total	\$ _____

Please describe other expenses or family situations you wish to have considered:

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Please check the tuition assistance program(s) in which you are interested.

Preschool Only:

_____ CYFD

Grade School Only:

_____ SWIF (Available to students of Native American descent)

_____ Franciscan Friars Education Fund

_____ ACE Scholarship

We hereby state that all information included in our application is true and accurate. We understand that if it is found that any of the information in our application is untrue, the school reserves the right to inform the tuition assistance programs for which we have applied and the tuition assistance granted may be revoked, at the discretion of the program directors.

Parent / Guardian Signature _____ Date: _____

Parent / Guardian Signature _____ Date: _____

Please attach the following to this application:

- a copy of your 2021 US Individual Federal Income tax return with ALL schedules and copies of your 2021 W-2's. If you will file your 2021 taxes after April 18, 2022, a copy of your 202020 US Individual Federal Income tax return with ALL schedules, copies of your 2021 W-2's and a copy of your 2021 extension to file.
 - A copy of a current utility bill with home address showing.
 - Any additional forms or information required for the specific program to which you are applying.
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For office use only

Item Check List: Tax Return Schedules W-2's Other Documents

Received _____ Approved _____ Amount _____ Denied _____ Notified _____