



Sr. Sheila Anne Burke TUITION GRANT APPLICATION FOR SCHOOL YEAR 2020 - 2021

APPLICATION DEADLINE: JULY 31, 2020

SECTION 1: PARENT/GUARDIAN INFORMATION

*FATHER/GUARDIAN NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE(____) _____ WORK PHONE(____) _____ CELL PHONE(____) _____

RELATIONSHIP TO CHILD/REN: FATHER STEPFATHER FOSTER PARENT GUARDIAN

MARITAL STATUS: MARRIED SINGLE/WIDOW DIVORCED LEGALLY SEPARATED

EMPLOYMENT STATUS (CHECK ONE) FULLTIME PART TIME NOT EMPLOYED DISABLED

*MOTHER/GUARDIAN NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE(____) _____ CELL PHONE(____) _____

RELATIONSHIP TO CHILD/REN : MOTHER STEPMOTHER FOSTER PARENT GUARDIAN

MARITAL STATUS: MARRIED SINGLE/WIDOW DIVORCED LEGALLY SEPARATED

EMPLOYMENT STATUS (CHECK ONE) FULL TIME PART TIME NOT EMPLOYED DISABLED

SECTION 2: STUDENT INFORMATION

PLEASE LIST ALL ST. MARY'S SCHOOL STUDENTS IN YOUR FAMILY FOR WHOM YOU WISH TO RECEIVE A GRANT FROM THE TUITION ASSISTANCE FUND.

ST. MARY STUDENT FIRST AND LAST NAME	SEPT 2019 GRADE
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____



SECTION 3: FAMILY INCOME:

NUMBER OF PEOPLE IN YOUR HOUSEHOLD REPORTED

ON YOUR 2019 FEDERAL TAX RETURN OR BUDGET LETTER:

TOTAL # OF ADULTS _____

TOTAL # OF CHILDREN _____

2019 Income Sources	Amount
ADJUSTED GROSS INCOME REPORTED ON 2019 FEDERAL 1040 TAXES. TO CONSIDER ANY CHILD/REN WHO ARE NOT CLAIMED BY PARENTS APPLYING, TAX INFORMATION FROM PARENT/GUARDIAN WHO CLAIMED CHILD/REN MUST BE PROVIDED AS WELL. (ATTACH LATEST 1040 COPY, SIGNED)	
CHILD SUPPORT INCOME AND OR ALIMONY RECEIVED (PROVIDE OFFICIAL COURT ORDERED OR NOTARIZED DOCUMENTS)	
PUBLIC ASSISTANCE CASH (PROVIDE A BUDGET LETTER)	
FOOD STAMP INCOME (PROVIDE A BUDGET LETTER)	
SOCIAL SECURITY INCOME (PROVIDE OFFICIAL SSA 1099/SSI LETTERS FOR ALL FAMILY RECEIVING BENEFITS)	
UNEMPLOYMENT OR WORKER'S COMPENSATION (PROVIDE OFFICIAL STATEMENT)	
OTHER INCOME SUCH AS FINANCIAL ASSISTANCE FROM FAMILY OR FRIENDS (PROVIDE OFFICIAL OR NOTARIZED DOCUMENTS)	
TOTAL HOUSEHOLD INCOME	

CONDITIONS OF ELIGIBILITY: PLEASE CAREFULLY REVIEW AND CHECK OFF EACH STATEMENT TO INDICATE YOUR COMPLIANCE AND UNDERSTANDING OF ALL CONDITIONS.

___ OUR FAMILY IS IN NEED OF TUITION ASSISTANCE TO ALLOW OUR CHILD(REN) THE OPPORTUNITY TO ATTEND THE PARISH SCHOOL.

___ I/WE FULLY UNDERSTAND THAT ANY AWARD WILL BE APPLIED IN A MONTHLY BASIS AND THAT MY TUITION ACCOUNT AND ALL FEES MUST REMAIN CURRENT IN ORDER TO RECEIVE TUITION ASSISTANCE.

___ I/WE FULLY UNDERSTAND THAT ALL FUNDS AVAILABLE FOR TUITION ASSISTANCE ARE SECURED FROM DONATIONS FROM VARIOUS SOURCES AND ARE COMBINED TO ASSIST ALL FAMILIES THAT MAY BE IN NEED OF ASSISTANCE AND THAT THERE IS NO GUARANTEE OF AN AWARD.

___ I/WE FULLY AGREE TO ALL TERMS OF THIS APPLICATION PROCESS.

___ I/WE KNOW THAT THESE FUNDS ARE AVAILABLE FOR FAMILIES ON A NEED BASIS.

___ I/WE KNOW WE MUST APPLY EACH YEAR TO RECEIVE AN AWARD.

___ I/WE HAVE ALSO SUBMITTED AN APPLICATION FOR AN AWARD FROM THE BISON FUN.

PLEASE INCLUDE 2019 FEDERAL TAX FORM WITH THIS APPLICATION. NO APPLICATION WILL BE CONSIDERED UNLESS THESE DOCUMENTS ACCOMPANY APPLICATION.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____