

SAINT CLEMENT MARY HOFFBAUER SCHOOL TUITION ASSISTANCE APPLICATION

Name of Student(s) _____

Applicant - person responsible for paying tuition

Co-Applicant

Name: _____

Name: _____

Relation to student: _____

Relation to student: _____

Social Sec #: _____ - _____ - _____

Social Sec #: _____ - _____ - _____

Address: _____

Address: _____

Phone: H - _____ W - _____

Phone: H - _____ W - _____

INCOME / EMPLOYMENT INFORMATION

Applicant

Co-Applicant

total income:* \$ _____

total income:* \$ _____

Primary Occupation: _____

Primary Occupation: _____

Primary Employer: _____

Primary Employer: _____

--Additional Sources of HOUSEHOLD Income--

Not Included on W-2s

(Include alimony, child support, rental income, investment income, government aid, GRA and scholarships, etc.)

Additional Income source 1: _____ Monthly amount: \$ _____

Additional Income source 2: _____ Monthly amount: \$ _____

Additional Income source 3: _____ Monthly amount: \$ _____

Additional Income source 4: _____ Monthly amount: \$ _____

*total income must be taken directly from most recent W-2(s). The tuition assistance committee reserves the right to request additional information regarding total household income and employment verification.

DEPENDENT INFORMATION

As Reported on Federal Tax Return

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

MONTHLY EXPENSE INFORMATION

Applicant

Co-Applicant

Housing payment: \$ _____ Circle one: Rent Mortgage

Housing payment: \$ _____ Circle one: Rent Mortgage

Home Purchase Price \$ _____ Current Balance: \$ _____

Home Purchase Price \$ _____ Current Balance: \$ _____

Utilities (average): \$ _____

Utilities (average): \$ _____

Credit Cards: \$ _____

Credit Cards: \$ _____

Car and Auto Insur: \$ _____

Car and Auto Insur: \$ _____

Medical Bills: \$ _____

Medical Bills: \$ _____

Other: \$ _____ Description: _____

Other: \$ _____ Description: _____

MONTHLY PAYMENT APPLICANT(S) CAN CONTRIBUTE TOWARD SCMHS TUITION: \$ _____

I certify that the information contained in this application is correct. I understand that any falsification or misrepresentation will disqualify me from tuition assistance eligibility.

Signature of Applicant: _____ Signature of Co-Applicant: _____

- Additional information regarding financial hardships may be considered by the tuition assistance committee in reaching a decision regarding eligibility. Send completed application along with copies of federal income tax returns and \$10.00 processing fee to:
TUITION GRANT PROGRAM, CHESACO AVE., BALTIMORE, MD. 21237

-Make \$10.00 check payable to St. Clement School

-Application due no later than