

ST. MICHAEL SCHOOL
2008/2009 Tuition Assistance Request Form
(Please complete all sections of this form)

FAMILY NAME: _____
CHILD/REN NAME(S) _____ **GRADE(S)** _____
ADDRESS: _____
TELEPHONE # _____ **PARISH:** _____

The following information is necessary to make determination for tuition assistance.

ALL INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCES.

of children enrolled at St. Michael School _____
of children enrolled at Bishop Walsh _____
of children enrolled in 2 or 4 year colleges _____

Total Family Income _____
(Adjusted Gross Income for 2007 Federal Tax Return) _____
Please attach copies of W-2 Tax Forms & 1040 Tax Forms
Total Number of Dependents _____
(Include amount used on Federal Tax Form)

Total Catholic School Tuition/Fees/Transportation Costs _____

Total College Cost (Net) _____

Amount requested for 2008-2009 School Year _____

Please note: Tuition Assistance is for tuition only. Registration, book and lab fees are not included. Funds are limited, so please indicate amounts that are absolutely necessary for the 2008-2009 school year.

Date

Signature of Parent or Guardian

PLEASE RETURN IN A SEALED ENVELOPE TO THE SCHOOL OFFICE