

# **Request for Tuition Assistance**

## **Philosophy Statement**

Holy Family parish is committed to providing Catholic Education for the children of this parish. The parish lends support in many ways to meet the needs of students in our school. By maintaining a modern facility, providing religious instruction and guidance, opportunities for sacraments and prayer, and through the operation of Holy Family School, Holy Family students receive a quality education and spiritual development.

The cost of quality education is high. The parish is committed to defraying costs of Catholic education through a parish subsidy. In addition, for those parish families experiencing financial need, tuition assistance can be provided. The funds available for tuition assistance are limited. However, the parish will make every effort to financially assist any parish child deemed in need.

## **Eligibility**

To receive financial aid from Holy Family Parish to attend Holy Family School, the following conditions must be met.

1. The family (father and/or mother/guardian) of the applicant(s) must be registered members of Holy Family Parish for a period of not less than one year prior to this application. (Exception-the family has moved from outside the Louisville metropolitan area into our parish community within the past year and was active in their former parish.)
2. The family of the applicant(s) must commit to be active members of the parish, Active membership is defined as regularly attending Mass at Holy Family; sharing time and talent through volunteer efforts or participation in parish/school activities; sharing treasure (regular contributions through the Sunday envelope collections.) The family should be able to provide evidence of meeting these requirements. Please complete the final page of the application form to provide this evidence.
3. The family must complete a tuition assistance application by May 1 and be deemed eligible for financial assistance. (Please allow 3 weeks for processing of the application.) Note: Sometimes financial situations change during the school year. A family requesting assistance AFTER the May 1 deadline may be considered for tuition assistance if funds are available.

## **Reasons for ineligibility:**

1. Not qualifying under item 1, 2, 3, or 4 from above.
2. Having a "bad faith" history – not paying bills, running delinquent accounts in previous years.
3. Falsifying or failing to provide complete information on the application.

**Request for Tuition Assistance for the 2017/18 Academic Year**

**Directions:** Provide the requested information as applicable. ALL REQUESTS WILL BE TREATED CONFIDENTIALLY.

**List your children who will be attending Holy Family School next fall:**

	Holy Family Student(s) Names	Grade in 2017/18
1.	_____	_____
2.	_____	_____
3.	_____	_____

Student(s) live with:

Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Father \_\_\_\_\_ Step-Mother \_\_\_\_\_ Other \_\_\_\_\_

**List dependent children living in the same household as the students above but not attending Holy Family:**

Name	Age	School Attending Fall 2017	Year in School	Cost of Tuition To Parents If Any (Providence, college, etc.)

Number of dependent children living at home \_\_\_\_\_ Total number in household \_\_\_\_\_

## Financial Information

**This section should be completed by parents/guardians responsible for tuition.  
**This portion MUST be completed for the application to be processed.****

	<u>Father or Male Guardian</u>	<u>Mother or Female Guardian</u>
Name:	_____	_____
Daytime Phone:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Gross income for 2016	_____	_____
Calendar year:	_____	_____
Expected gross income for 2017 calendar year:	_____	_____
Total household amount of child support <u>received</u> in 2016:	_____	_____
Total household amount of child support <u>paid</u> in 2016:	_____	_____
Other Income:		
Social Security:	_____	_____
Welfare:	_____	_____
Other:	_____	_____
Medical Expenses paid in 2016 not covered by insurance:	_____	_____

**This section should be completed by parents/guardians, only if parent/guardian is  
Not responsible for tuition.**

	<u>Father or Male Guardian</u>	<u>Mother or Female Guardian</u>
Name:	_____	_____
Daytime Phone:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Gross income for 2016	_____	_____
Calendar year:	_____	_____
Expected gross income for 2017 calendar year:	_____	_____
Total household amount of child support <u>received</u> in 2016:	_____	_____
Total household amount of child support <u>paid</u> in 2016:	_____	_____
Other Income:		
Child Support:	_____	_____
Social Security:	_____	_____
Welfare:	_____	_____
Other:	_____	_____

Monthly Tuition payment required for 2017/18 (please check one from the scale below):

- One Child
- Two Children
- Three Children
- Four Children

Indicate the monthly amount of assistance you are requesting: \_\_\_\_\_

Reason for making the request for this assistance:

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Did you receive assistance last year?  no  yes

If so, please indicate your monthly payment for 2016/17: \_\_\_\_\_

### **SIGNATURES**

I affirm that all of the above information is correct and that the assistance asked for is necessary for my child(ren)'s education at Holy Family School. I understand that the Tuition Assistance Committee reserves the right to verify any statement made on this application. (This form and any inquiries will be held in the strictest of confidence.)

Signature of tuition paying parents(s)/  
guardian(s):

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature parent(s)/guardian(s) not  
responsible for tuition

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Please send verification of income with this application as indicated below:**

**Verification of Income**

1. Copy of your 2016 federal tax return.
2. Current wage statement (check stub) with year-to-date earnings
3. Unemployment/disability or worker's compensation (if applicable)  
\*Notice of eligibility from state office
4. Child support/alimony received (if applicable)  
\*Court decree or agreement
5. Additional information as required by tuition assistance committee

If you have no income, please provide a brief statement explaining how you provide food, home and clothing for your children and when you expect to have an income:

**COMPLETE AND RETURN THIS FORM BY May 1, 2017 to:**

Tuition Assistance  
Holy Family Parish  
129 West Daisy Lane  
New Albany, IN 47150

**All information will be kept confidential.**

**Application must be returned by May 1, 2017**

**If you have any questions regarding financial assistance, please call**

**Carol Goins at 944-8283 (ext 5) or email at [cagoins@holyfamilynewalbany.org](mailto:cagoins@holyfamilynewalbany.org).**

**Tuition Assistance Volunteer Commitment**

**2016-2017**

*As stated under the "Eligibility" section on page 1 of this application, families who qualify for tuition assistance must commit to be active members of the parish by regularly attending Mass at Holy Family, sharing time and talent through volunteer efforts, and sharing treasure through a regular contribution in the Sunday envelope collections. Please indicate below how you have contributed to Holy Family through time, talent, and treasure over the last school year.*

**My family has attended Mass at Holy Family at least:**

- Weekly
- Once per month
- Less than monthly

**My family has shared our time and talent by volunteering in the following ways:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**My family contributes to Holy Family through the Sunday collection using our collection envelopes:**

- Weekly
- Monthly
- Less than monthly
- Through the automatic withdrawal program (If you are interested in signing up for this option, please contact the parish offices.)

**Family Name:** \_\_\_\_\_

**Best Phone # to be reached:** \_\_\_\_\_

**Best Time to be reached:** \_\_\_\_\_