



PERSONAL INFORMATION

Name: _____
 Spouse: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employer: _____
 Spouse's Employer: _____
 Number of Children attending St. Aloysius School: _____
 Total Number of Dependants listed on 2017 Federal tax return: _____

INCOME INFORMATION: A copy of the first page your 2017 Federal Tax Return (1040) must accompany this application

2017 Annual Wages: \$ _____
 2017 Spouse's Annual Wages: \$ _____
 Child Support received (If applicable): \$ _____
 Alimony received (If applicable): \$ _____
 Other Income: \$ _____

Total Annual Income: \$ _____

Please list any extraordinary situations that affect your ability to pay tuition.

PARENT'S CERTIFICATION AND AUTHORIZATION:

Please complete this section.

I/We declare that the information on this form to be true, correct, and complete to the best of our knowledge.

I/We request \$ _____ * in tuition assistance to help pay for the schooling of my/our child/children for the 2018-2019 school year. I/We agree to pay the remaining balance of tuition after assistance is determined.

Responsible party signature _____ Date _____

Responsible party signature _____ Date _____

***A dollar amount must appear or application will be returned.**

Office use only:
 Received by: _____ Date: _____