



St. Francis of Assisi School  
 70 Adam Street  
 Tonawanda, NY 14150  
 Rectory Office: 693-1150

**Tuition Assistance Application for Parishioners of St. Francis of Assisi Parish  
 Grades PK4 thru 8 ONLY**

Please return this completed form no later than June 1, 2014 to the Rectory.

Family Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Are you registered at St. Francis of Assisi Parish Yes/No

Children Attending St. Francis School:

| Name | Grade Level |
|------|-------------|
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |

The Following information pertains to income/expenses of person responsible for tuition payments.

Earned Income: **Documentation of income is to be submitted with application.**

| Source of Parent, Guardian Income | Total for 2014 | Estimated for 2015 |
|-----------------------------------|----------------|--------------------|
| Father (Guardian)                 |                |                    |
| Mother (Guardian)                 |                |                    |
| Public Assistance                 |                |                    |
| Child Support                     |                |                    |
| Rental Income                     |                |                    |
| Social Security                   |                |                    |
| Disability                        |                |                    |
| Unemployment                      |                |                    |
| Total                             |                |                    |

If no earned income is listed for Father/Guardian OR Mother/ Guardian, please explain in appropriate space above.

Examples: Deceased, Disabled Retired, Homemaker, Separated/Divorced, Unemployed.

Expenses:

| Monthly Creditors     | Monthly Payments |
|-----------------------|------------------|
| Mortgage or Rent      |                  |
| Total Utilities       |                  |
| Total Daycare         |                  |
| Monthly Insurance     |                  |
| Car Payments          |                  |
| Installments (Credit) |                  |
| Total                 |                  |

Family Data:

| Children At Home | Age | Tuition/Year | School Attending: |
|------------------|-----|--------------|-------------------|
|                  |     |              |                   |
|                  |     |              |                   |
|                  |     |              |                   |
|                  |     |              |                   |
|                  |     |              |                   |

List any other unusual expenses that have not been covered elsewhere on this application. Also, please note any concerns or problems that you may be experiencing, Temporary or permanent which prohibit you from paying full tuition.

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It is mandatory that you answer ALL parts of this application honestly and enclose documentation of income:

**FEDERAL INCOME TAX RETURN AND YOUR W-2'S FROM THE MOST RECENT YEAR. Incomplete applications will be denied and returned. Your full cooperation is necessary to ascertain what your tuition payment will be for the upcoming school year.**

Submitted by:

\_\_\_\_\_

Signature of Father

\_\_\_\_\_

Signature of Mother

\_\_\_\_\_

Date

\_\_\_\_\_

Date

Office Use Only:

Denied \_\_\_\_\_

Date: \_\_\_\_\_

Approved tuition for 2014-2015 \_\_\_\_\_

Date: \_\_\_\_\_