ST. JOHN XXIII CATHOLIC SCHOOL
PARISH TUITION GRANT PROGRAM

CONFIDENTIAL TUITION GRANT APPLICATION
FOR THE 2016-2017 SCHOOL YEAR

DEADLINE TO APPLY: MARCH 4, 2016

IMPORTANT: St. John XXIII school has limited funds to distribute as tuition grants. The grants are awarded based on family need and school enrollment. It is important that this application be filled out completely and all required support documentation must be attached. Incomplete applications will not be processed.

LIST **ALL** PERSONS LIVING IN YOUR HOUSEHOLD

Household Members			Name of School or Primary Employer
Last Name	First Name	Age	

EMPLOYMENT INFORMATION — List all jobs held by all household members at any time during 2015 or 2016

Parent or Guardian's Name	Employer	2015 Earnings	Estimated 2016 Earnings	Date Employment Started	Date Employment Ended	Work Status Full/Part time

INCOME:

WORKER'S COMPENSATION (WEEKLY): $		
NUMBER OF WEEKS YOU RECEIVED THIS IN 2015:		
UNEMPLOYMENT COMPENSATION (WEEKLY): $		
NUMBER OF WEEKS YOU RECEIVED THIS IN 2015:		
SOCIAL SECURITY BENEFITS RECEIVED IN 2015: $,		
CHILD SUPPORT RECEIVED IN 2015: $,		
TAXABLE EARNINGS: $,	Enter your federal adjusted gross income from your 2015 tax return	**Copy of 2015 federal tax return****
OTHER INCOME: $,	Enter any non-taxable income received in 2015 that is not included anywhere else on this form.	

NOTE: If you are in a financial situation that you feel is not adequately addressed by this application, write an explanation in the comments section below. Attach a separate sheet of paper if necessary.

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED

APPLICATIONS WITHOUT REQUIRED DOCUMENTATION WILL NOT BE PROCESSED

2015 EXPENSES:

NON-REIMBURSED MEDICAL EXPENSES $,	Include all non-reimbursable medical expenses that you paid in 2015	Receipts or copies of receipts
DAY CARE PAID BY YOU $,	Include day care expenses only. Do not include any expenses for pre-school.	Receipts or copies of receipts, or statement from facility.
CHILD SUPPORT PAID BY YOU $,	Include required child support that you paid in 2015	Receipts or copies of receipts or court papers
MEDICAL INSURANCE $,	If you pay your own medical insurance, enter the amount you paid in 2015.	Receipts or copies of receipts or invoices from insurance company

REQUIRED DOCUMENTATION
Applications without required documentation will not be processed.

**** If you have not yet filed a 2015 tax return, a complete photocopy of your 2014 tax return plus 2015 W-2 forms and any 2015 1099/1099R forms or 1098 forms must be provided.**

I declare that the information on this form is correct and accurate. I agree to send with this application all requested support documentation such as tax forms and receipts. Failure to do so will authomatically result in the denial of financial assistance.

SIGNATURE DATE

COMMENTS: