

FINANCIAL DATA:

Please attach a copy of your most recent 1040 Tax Form (Front & Back)

	<u>Monthly</u>	<u>Annually</u>
Adjusted Gross Income from most recent tax form: (Annual) (from the person or persons responsible for tuition).....		\$ _____
Amount of child support received (if applicable):.....	\$ _____	or \$ _____
Additional support or income received (if applicable).....	\$ _____	or \$ _____
<u>Total housing costs:</u>		
Mortgage/rent:.....	\$ _____	or \$ _____
Homeowners/renters insurance:.....	\$ _____	or \$ _____
Property taxes:.....	\$ _____	or \$ _____
Utilities (Gas, electric, water, sewer):.....	\$ _____	or \$ _____
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Total monthly cost of family housing (add all of the housing costs above):.....	\$ _____	\$ _____
• Day care expenses paid by the family last calendar year (2014).....	\$ _____	\$ _____
• Healthcare insurance premiums paid:	\$ _____	\$ _____
• Healthcare costs - not covered by insurance - paid by the family in the last 12 months (do not include monthly insurance premiums).....	\$ _____	\$ _____
Grade School Tuition paid by family last school year (2014-2015).....		\$ _____
High school tuition paid by the family last year (2014-2015).....		\$ _____
College tuition and housing paid by the family last year (2014-2015).....		\$ _____
Total Tuition paid 2014-2015.....		\$ _____
Grade School tuition due this year (2015-2016):.....		\$ _____
High school tuition due this year (2015-2016).....		\$ _____
College tuition and housing due this year (2015-2016).....		\$ _____
Total Tuition due 2015-2016.....		\$ _____
You are asking for:		
___ Tuition Assistance: What tuition can you afford to pay?.....		\$ _____
___ Sunday Donation Assistance (to reduce the requested \$15.00 per week) What Sunday donation can you make?.....		\$ _____

For Office Use Only:

Assistance received in 2014-2015: St. Augustine paid _____ Family paid _____
 Sunday Collection Amt. _____ Sunday donations received: _____
 ASA Assistance _____

Tuition Assistance for the 2015-2016 term Approved for ASA: _____
 Reduced average weekly envelope contribution for Fiscal year July 1, 2015 - June 30, 2016 Approved for _____

Chairperson of Financial Committee

Pastor

Date