

St. Augustine Parish
 Deacon Bob Lippert Memorial Mater Dei Catholic High School Tuition Assistance
 Confidential Financial Statement
 For Mater Dei Catholic High School Tuition Assistance Grades 9-12 for 2020-2021

FAMILY DATA: Church Envelope Number _____

Circle one or enter the correct data into box:

1. Number of children in a Catholic elementary school in 2020-2021?	
2. Number of children attending a Catholic high school in 2020-2021?	
3. Number of children attending college?	
4. Ages of all children you are currently supporting?	
5. Is the father currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the mother currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are both parents living in the same household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Parental Information: **Circle all that apply:**
 Married, Divorced, Separated, Widowed, Single,
 Father is unable to work, Mother is unable to work,
 Father is deceased, Mother is deceased

9. Student(s) live with: **Circle all that apply:**
 Father, Mother, Step-Father, Step-Mother,
 Male Guardian, Female Guardian

10. If parents are separated or divorced, who will be responsible for Sunday donation and/or tuition payment?
 Father Mother Other _____

11. List your involvement within the parish. Which ministries or fundraisers have you helped with in the last year?

12. Please explain any other extenuating circumstances or any other information we need to take into consideration: _____

13. Please explain why you feel you need assistance:

If additional space is needed, please attach another sheet.



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	\$ _____
Total housing costs:			
Mortgage/rent:.....	\$ _____	or	\$ _____
Homeowners/renters insurance:.....	\$ _____	or	\$ _____
Property taxes:.....	\$ _____	or	\$ _____
Utilities (Gas, electric, water, sewer):.....	\$ _____	or	\$ _____
Total monthly cost of family housing (add all of the housing costs above):.....	\$ _____		\$ _____

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|---|----------|--|----------|
| • Day care expenses paid by the family last calendar year (2019)..... | \$ _____ | | \$ _____ |
| • 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 (2019-2020).....			\$ _____
High school tuition paid by the family last year (2019-2020).....			\$ _____
College tuition and housing paid by the family last year (2019-2020).....			\$ _____

Total Tuition paid 2019-2020.....

Grade School tuition due this year (2020-2021):.....			\$ _____
High school tuition due this year (2020-2021).....			\$ _____
College tuition and housing due this year (2020-2021).....			\$ _____

Total Tuition due 2020-2021.....

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 2019-2020: St. Augustine paid _____ Family paid _____
 Sunday Collection Amt. _____ Sunday donations received: _____
 ASA Assistance _____
 Mater Dei Assistance _____

Tuition Assistance for the 2020-2021 term Approved for Mater Dei Catholic High School: _____
 Reduced average weekly envelope contribution for Fiscal year July 1, 2020 - June 30, 2021 Approved for _____

Chairperson of Financial Committee

Pastor

Date