

PLEASE RETURN THIS COMPLETED FORM TO THE OFFICE BY AUGUST 5, 2019

St. Augustine Parish
Deacon Bob Lippert Memorial ASA Tuition Assistance
Confidential Financial Statement
For All Saints Academy Tuition Assistance Grades K-8 for 2019-2020

FAMILY DATA: Church Envelope Number _____

Circle one or enter the correct data into box:

1. Number of children in a Catholic elementary school in 2019-2020?	
2. Number of children attending a Catholic high school in 2019-2020?	
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.

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OVER PLEASE 

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 \$ _____
<hr/>		
Total monthly cost of family housing (add all of the housing costs above):.....	\$ _____	\$ _____
• Day care expenses paid by the family last calendar year (2018).....	\$ _____	\$ _____
• 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 (2018-2019).....		\$ _____
High school tuition paid by the family last year (2018-2019).....		\$ _____
College tuition and housing paid by the family last year (2018-2019).....		\$ _____
Total Tuition paid 2018-2019		\$ _____
Grade School tuition due this year (2019-2020):.....		\$ _____
High school tuition due this year (2019-2020).....		\$ _____
College tuition and housing due this year (2019-2020).....		\$ _____
Total Tuition due 2019-2020		\$ _____

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 2018-2019: St. Augustine paid _____ Family paid _____
Sunday Collection Amt. _____ Sunday donations received: _____
ASA Assistance _____

Tuition Assistance for the 2019-2020 term Approved for ASA: _____
Reduced average weekly envelope contribution for Fiscal year July 1, 2019 - June 30, 2020 Approved for _____

Chairperson of Financial Committee

Pastor

Date