

St. Peter the Apostle Catholic School

Year____

Tuition Financial Assistance Application (Please PRINT all information)

	Today's Date						
Family Last Name			Please submit by July 15, or as an emergency of				
			As other needs arise.				
							
Address							
List all household members and ages of	of children below						
5							
Father's First Name		Mother's	First Name				
Children's (Dependents) Name(s)		Age		<u>Grade</u>			
Employment Information (Head of Household)							
Primary Employer's Name							
Start Date	Gross Annual Income						
Ciart Buto	Cross / timadi moomo		_				
2. Secondary Employer's Name (if app	licable)						
Chart Data	Oraca Americal Income						
Start Date	Gross Annual Income						
Employment Information (Spouse)							
Primary Employer's Name							
Start Date	Gross Annual Income		_				
Secondary Employer's Name (if applications)	licable)						
Start Date	Gross Annual Income	· · · · · · · · · · · · · · · · · · ·					
			Tatal annual in secso				
Annual income from other sources			Total annual income				

^{**}Your income will not prevent your family from qualifying for financial assistance. This will help us better understand your financial situation.**

If there are circumstances that we should consider when evaluating this application (such as legal or medical expenses, loss of employment or just getting back to work), please tell us about them in the space below.							
-							
					1		
	· · · · · · · · · · · · · · · · · · ·						
Why is it important to you t	hat your child attends St.	Peter's?					
	· · · · · · · · · · · · · · · · · · ·						
							
							
							