



Tuition Assistance Application

2019-20

Please return by April 30, 2019

Holy Spirit Catholic School

W2796 Cty KK

Appleton, WI 54915

Family Name: _____

Present Address: _____

Phone: _____ **Parish:** _____

PARENT Information

Circle one: Father Step father Guardian

Name: _____ Occupation: _____

Employer: _____ 2018 Gross Income: _____

Employer Address: _____

Work Phone: _____

Circle one: Mother Step mother Guardian

Name: _____ Occupation: _____

Employer: _____ 2018 Gross Income: _____

Employer Address: _____ Work Phone: _____

TOTAL HOUSEHOLD ANNUAL INCOME 2018 _____

STUDENT Information

Name	Age/Grade (2019-20)
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Total tuition due (for all children before any tuition assistance) _____

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Website: www.holyspiritknights.org • Email: office@holyspiritknights.org

HOLY SPIRIT

CATHOLIC SCHOOL

INCOME Verification:

1. Copies of your 2018 W-2 must be submitted with this application.
2. A photocopy of your 2018 Federal Income Tax return must be submitted to verify income. If you did not file a 2018 tax return, please submit proof of family income. Example: (Copy of social security, child support, W2 forms, etc.)
3. Proof of 2018 YTD

SPECIAL FAMILY CIRCUMSTANCES:

Please explain your family needs, including the effects of extensive medical bills, loss of employment, disability, family/custody issues, additional private education, other college/education tuition, etc.

How do you, or will you, contribute time and/or talent to the parish and or school during the school year?

The Pastor and Principal will review your application in the strictest of confidence. All applicants will be notified, in writing, of their tuition assistance and remaining balance.

I certify that all information on this application is true, complete and accurate to the best of my knowledge.

Parent Signature

Date