

TUITION ASSISTANCE APPLICATION

Date:			
Family Informatio	n		
St. Benedict Schoo	1		
Student(s) Name:	Last	First	Grade
		First	
	Last	First	Grade
	Last	First	Grade
Father's Name:	Last	First	_
Mother's Name:	Last	First	_
Mailing Address:	Street Address:		
	City, State, Zip:		
Primary Phone:		Other Phone:	
Email Address:		Other email:	
Marital Status:	Married Single	Widowed Divorced	
Number of children	at home: P	Parish where you attend Mass:	
Name of school(s) a	attended by other children:		
Employment Infor	rmation		
FATHER			
Occupation:		Place of Employment:	
Number of Years: _		Annual yearly salary:	
MOTHER			
Occupation:		Place of Employment:	
Number of Years:		Annual yearly salary:	

Adjusted Gross Income from tax form 1040A or 1040EZ.....\$_____ (*Required) What circumstances have led you to apply for this financial scholarship? Please indicate any debt that makes tuition difficult to manage. Please include additional sheets if necessary. Please note that if you have a child in Kindergarten through 8th Grade, you must have already applied for Bison Fund BEFORE applying for a financial scholarship from St. Benedict School.

Financial Information