



IMMACULATE CONCEPTION SCHOOL TUITION ASSISTANCE APPLICATION

Date Submitted: _____ Assistance Requested for Academic Year: _____/_____

Type of Assistance Requested: ICC Father Bishop ICC New Family Scholarship Diocesan One Faith, Many Blessings

<i>Parent(s), Guardian(s) or Other Adult(s) Responsible for Tuition</i>											
Check One: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Other					Check One: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Other						
Last		First		M.I.	Last		First		M.I.		
Address			State	Zip	Address			State	Zip		
Home Phone		Cell Phone		Work Phone		Home Phone		Cell Phone		Work Phone	
Email					Email						
Employer			How Long?		Employer			How Long?			
Religion			Parish Registered		Religion			Parish Registered			

<i>Dependents (Enrolled in ICS)</i>								
	Dependent's Last Name	Dependent's First Name	M.I.	Date of Birth	Sex	Grade for Next School Year	Registration Completed	Registration Paid
1								
2								
3								
4								
5								

<i>Tuition Information</i>				
Amount of Monetary Assistance Requested	Estimated Amount of Tuition Able to Pay	Did your Family Receive Aid Last Year?	Yearly Tuition Due Including Discounts (if applicable)	Payment Method (Loan/Direct)

Household Information

Number of Individuals Residing in Household:

Parents/Guardians _____ Children _____ Other _____

Student Resides With:

- Both Biological/Adoptive Parents Father Only
 Mother Only Father/Stepmother Mother/Stepfather
 Grandparents Foster Family Guardian
 Other _____

Marital Status of Parents:

- Single Married Separated Divorced
 Remarried Widowed Other _____

*If Divorced, Remarried, Separated or Single complete next section

Who is Responsible for the Tuition for the Dependent(s)?

- Father _____% Name _____
 Mother _____% Name _____
 Other _____% Name _____

*If tuition is shared, each responsible party must complete a Tuition Assistance Form.

Any other income (including child support and unemployment)

Financial Information

Income Source	Father	Mother	Other	All parents and guardians who claim children as dependents must report all income on this form and attach supporting documentation of that income.* Total Household Income (Sum of Bottom Row)
Adjusted Gross Income reported on last year's Federal Income Tax Return*				
AFDC/ADC/SS/Sec. 8/Food Stamps/Other Public Assistance				
Any other income (including child support and unemployment)				
Total Individual Income				

*Please attach a copy of last year's Federal Income Tax Return Form 1040, 1040A or 1040EZ (as filed with IRS) for all individuals responsible for tuition. If a federal return was not completed, provide proof of all income earned.

Additional Information

State briefly your reasons for requesting tuition assistance, adding any information that will be helpful in the evaluation of your request. Please include any volunteer service or other assistance that you may be able to provide to the school in return, as the Tuition Assistance Program is funded through the generous donations of the Immaculate Conception Parish/School Community.

This form must be completed and turned into the School Office by May 1, 2015. Registration form and fee must be completed and paid before consideration for assistance.

I/we the undersigned in appreciating that a good Catholic home life is essential to an effective Catholic elementary education, agree to provide such an environment for my child/children. Regular Mass attendance, receiving of the Sacraments, and being active in the Parish/School are cornerstones on which my child's/children's education is built. I/we promise to provide such a necessary home life for my/our children.

I/we declare that the information provided on this form is true, correct and complete to the best of our knowledge. I/we promise to pay our child's school account in a timely manner, and comply with the policies of the school.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Pastor's Signature: _____ **Date:** _____

For Office Use Only Date Application Received _____ Registration Form Received _____ Amount of Award _____ Date of Award _____
