



2023-24 Tuition Grant Application
Assumption Catholic School
901 West Prospect Street
Durand, WI 54736

Instructions: Please complete and return this application along with a copy of the first 2 pages of your most recent **Federal Form 1040** tax return with all social security numbers concealed (cross out with black marker or use white out.) or Free/Reduced Lunch-Schedule C form. Please note: If prior year tuition has not been fulfilled, a letter of explanation will need to be provided to be considered for future eligibility.

All applications will be evaluated using the following factors:

- 1. Applicant income and resources available
- 2. Funds available from tuition grant program
- 3. Recommendation of school tuition grant evaluation program

Application Date ____/____/____

Parent 1 Full Name: _____ Phone: _____

Parent 2 Full Name: _____ Phone: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Preferred e-mail(s): _____

Check one of the following: Married ____ Single ____ Separated ____ Divorced ____

Number of dependents (not including self or spouse): _____

Number of children attending Assumption Catholic School for the 2023-24 school year: _____

Total Yearly Income (Gross income from all sources): \$_____

Will anyone other than you or your spouse be responsible for any part of the tuition payments? _____

If yes, how much will be paid? _____

Please list and explain any financial situations of special circumstances that you would like to be taken into consideration when determining assistance. An additional sheet may be attached if more explanation space is needed.

If you are unable to pay full tuition, we ask that families applying for assistance:

- Participate in the parish SCRIP program as much as possible for your family. Please contact the school office if you need help learning how to use this program and/or need registration materials.
- State the amount you are able to contribute monthly toward tuition costs: _____
- Supplement with volunteer hours.
Please state the number of service hours per month you can commit: _____

Please indicate by checking from the list below which activities you are able to help with:

- Active committee member: Home & School, Athletic, Education, Forensics
- Lunch recess duties (11:30-12:20) (Requires principal approval)
- Lunchroom duties (11:00-12:00) (Requires principal approval)
- SCRIP volunteer (Help with selling SCRIP at church after weekend Mass)
- School Volunteer (library, assist students or teacher)
- Other: _____

A letter will be sent to you as soon as a decision has been made by the School grant evaluation committee but no later than December 1, 2023.

I declare that the above information to the best of my knowledge is true, correct and complete. I authorize the school grant evaluation committee to verify the above information and to obtain additional information as may be required for the purpose of determining an appropriate level of tuition assistance.

Parent/Guardian Signature _____ Date _____

Office Use Only:

Date Received _____ Initials _____ Confirmation Letter Sent/Date _____