



# ST. CHRISTOPHER CATHOLIC SCHOOL

Dear St. Christopher School Families,

The gift of a Catholic Education is priceless. Unfortunately in today's economy, we know and understand the sacrifices made by parents who choose to send their child/children to a Catholic school. We at St. Christopher School are very blessed and honored to have your child/children here and value the trust you have in us to educate your child/children not only academically and socially, but in our faith.

Tuition assistance is available from St. Christopher School and will be awarded for the 2020-2021 school year. There is a limited amount of funds for distribution and will be distributed based on:

1. Demonstrated Need
2. A Brief Letter explaining your financial situation with supporting documentation
3. Family Payment History for the current school year

A St. Christopher School Tuition Assistance Application is attached. Please complete the forms and return them with a copy of your tax information to the school office **by April 30, 2020** attention **Chandra Blair**. All requests and information are Confidential. \*\*Please note: the Tuition Review Committee will not be able to consider late applications for assistance.

Decisions for tuition assistance are made by the Tuition Review Committee. Additional information may be needed to assist in the decision making process. You will be informed of the decision by May 20, 2020.

If you have any questions, please feel free to contact Chandra Blair our School Bookkeeper at 692-2660 ext. 329 or [cblair@saintchris.org](mailto:cblair@saintchris.org).

God's Blessings,

Principal  
Dr. Camille Pontrello

WHERE FAITH, KNOWLEDGE, & LEADERSHIP BEGIN



# ST. CHRISTOPHER CATHOLIC SCHOOL

## Tuition Assistance Application 2020-2021 School Year ALL INFORMATION IS CONFIDENTIAL

### Section 1

Father/Guardian: \_\_\_\_\_  
Last Name First Name Middle

Address City State Zip

Home Phone# Cell Phone #

Employer \_\_\_\_\_ Title \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
LastName FirstName Middle

Address City State Zip

Home Phone# Cell Phone #

Employer \_\_\_\_\_ Title \_\_\_\_\_

Parent/Guardian responsible for tuition (if different from above):

LastName FirstName Middle

Address City State Zip Home Phone #

Employer \_\_\_\_\_ Title \_\_\_\_\_



# ST. CHRISTOPHER CATHOLIC SCHOOL

## Section 2

<b>Income:</b>	<b>2019 Total Income</b>	<b>Last Month</b>
Gross Income	_____	_____
Child Support	_____	_____
Rental Income	_____	_____
Public Assistance	_____	_____
Unemp/DBL/\$\$ Income	_____	_____
Interest/Div. Income	_____	_____
Tuition Assistance for Other Children	_____	_____
<b>Assets:</b>		
Savings Account Balance	_____	
Checking Account Balance	_____	
U.S. Savings Bonds	_____	
Mutual Funds	_____	
Present Value of Home	_____	
Automobile Value	_____	
Rental Property	_____	
Business Property	_____	
<b>Debts:</b>		
	<b>Monthly Payment</b>	<b>Outstanding Balance</b>
Auto Loans	_____	_____
Installment Loans	_____	_____
Educational Loans	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Mortgage Payment	_____	_____
Rent	_____	_____
Utilities (Per Month)	_____	_____
Medical/Dental Bills	_____	_____
Health Ins. Premium	_____	_____
Other Tuition	_____	_____
Other Expenses	_____	_____

### Income Tax Information –

**Please attach your completed 2019 Income Tax Return**

Number of Dependents Reported \_\_\_\_\_  
 2019 Adjusted Gross Income \_\_\_\_\_ 2019 Estimated Income \_\_\_\_\_

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# ST. CHRISTOPHER CATHOLIC SCHOOL

## Family Information

Number of Dependent Children \_\_\_\_\_ . Please list all the names of the schools dependent children will be attending during the 2020-2021 school year.

\_\_\_\_\_  
Child's Name School Grade

\_\_\_\_\_  
Child's Name School Grade

\_\_\_\_\_  
Child's Name School Grade

\_\_\_\_\_  
Child's Name School Grade

The following will assist us when determining need and monetary amount:

Amount of tuition you feel you can pay: \_\_\_\_\_

Please list any other circumstances that will be of assistance to us: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information on this form is true and accurate to the best of my knowledge and that any false statements will automatically disqualify me from any financial assistance. I understand that this is an application for financial assistance and by completing this application does not automatically guarantee financial assistance.

\_\_\_\_\_  
Father/Guardian Date

\_\_\_\_\_  
Mother/Guardian Date

Both signatures required if living in the same household.

**\*\*\*\* IMPORTANT \*\*\*\***

Please attach the Bison Scholarship Fund acceptance or wait list letter to this application.

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