

St. Christopher Roman Catholic Church and School

Come...journey, follow and be inspired with us!

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 2019-2020 school year. There is a limited amount of funds for distribution and will be distributed based on:

- Demonstrated Need
- A Brief Letter explaining your financial situation with supporting documentation
- 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, 2019** attention Principal Bryk. 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, 2019.

If you have any questions, please feel free to contact me at 693-5604 ext. 135 or cbryk@saintchris.org.

God's Blessings,

Principal Bryk

Believe ~ Seek ~ Realize

2660 Niagara Falls Boulevard, Tonawanda, NY 14150

school.saintchris.org

Telephone 716-693-5604



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Tuition Assistance Application 2019-2020 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 #

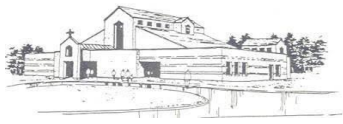
Employer _____ Title _____

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

LastName FirstName Middle

Address City State Zip Home Phone #

Employer _____ Title _____



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Section 2

Income:

2018 Total Income

Last Month

Gross Income	_____	_____
Child Support	_____	_____
Rental Income	_____	_____
Public Assistance Income	_____	_____
Unemp/DBL/SS Income	_____	_____
Interest/Div. Income	_____	_____
Tuition Assistance for Other Children	_____	_____

Assets:

Savings Account Balance _____	Present Value of Home _____
Checking Account Balance _____	Automobile Value _____
U.S. Savings Bonds _____	Rental Property _____
Mutual Funds _____	Business Property _____

Debts:

Monthly Payment

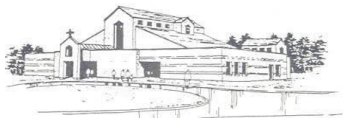
Outstanding Balance

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 2018 Income Tax Return

Number of Dependents Reported _____
 2018 Adjusted Gross Income _____ 2019 Estimated Income _____



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Family Information

Number of Dependent Children _____. Please list all the names of the schools dependent children will be attending during the 2019-2020 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.