



Waukesha County Catholic Schools Tuition Assistance Fund Application

The Seton Volleyball Championships are named after Sister Elizabeth Ann Seton, the founder of Catholic Education in the U.S. She was born August 28, 1774; established St. Joseph's Academy, the first Catholic school in the U.S.; was the first U.S. Saint – canonized in 1975; and is the patron saint of this tournament.

The Seton Volleyball Championships benefit The Waukesha County Catholic Schools Tuition Assistance Fund, which is used to make Catholic school education a real possibility for those elementary students who may not otherwise be able to afford full tuition. Assistance is in the form of \$1,000.

In order to process your application, we require the following:

- You have been a member of good standing at your parish for 6 months.
- Your family regularly worships with your parish community.
- You commit a portion of your time to serve in one or more of your many parish ministry areas.
- You provide us with a copy of your most recent Federal Income Tax Return Form 1040.
- You have submitted a completed application on or before the deadline.
- Your family must attend a Catholic Elementary School in Waukesha County for the year of assistance.

All information provided will be treated confidentially. Please complete the information below:

Family Name: _____

Parent/Guardian Names: _____

Address: _____

City _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ School Attending: _____

What is the best time of day to contact you if we need additional information? _____

Please check one: Initial Application Renewal*

*If renewal, list the amount of financial aid received the previous year(s): \$ _____

Please list dependent children living at home.

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GRADE IN FALL
				K5 1 2 3 4 5 6 7 8
				K5 1 2 3 4 5 6 7 8
				K5 1 2 3 4 5 6 7 8
				K5 1 2 3 4 5 6 7 8

List dependent children who live at home or are away at college and dependent on the family.

NAME	AGE	SCHOOL/COLLEGE	TUITION PAID BY PARENTS	FINANCIAL AID RECEIVED

List other dependents, if any, who require your financial assistance.

RELATION TO FAMILY	AGE	RESIDES AT HOME	DOES NOT RESIDE AT HOME	ASSISTANCE NEEDED PER YEAR

1. SALARIES & WAGES BEFORE TAXES	Last Year: 20__	Previous Year: 20__
Mother/stepmother/guardian		
Father/stepfather/guardian		
2. OTHER INCOME:		
Mother/stepmother/guardian		
Father/stepfather/guardian		
3. TOTAL (add 1 & 2)		
4. BUSINESS EXPENSES (explain on back)		
5. Subtract line 4 from line 3		
6. Federal Income Taxes paid by both parents:		
7. State Income Taxes paid by both parents		
8. Annual rent or mortgage payments:		
9. Uninsured medical expenses (include cost of medical insurance you pay)		
10. Other extraordinary expenses paid (explain on back)		

Do you own your own home? _____ YES _____ NO

If yes, what is the value of the home? \$ _____

What is the balance owed on your mortgage? \$ _____

Please indicate the amount of tuition that you believe you can afford: \$ _____ Monthly.

Please indicate your financial commitment to the support of the parish: \$ _____ Monthly.

Are there any funds that might be applied to the student's education such as bank accounts, legacies, gifts, educational insurance, aid from relatives, friends or organizations? Please give details:

The financial aid committee will welcome any further statement you may care to make which may aid in determining the amount of tuition reduction that is appropriate for the committee to grant. Please attach a separate piece of paper for this statement.

We hereby state that all information is, to the best of our knowledge, true and accurate.

Signatures:

(Father/Guardian)

(Mother/Guardian)

(Date)

Attach a copy of most recent Federal Income Tax Return.

**Send to: Waukesha County Catholic Schools Tuition Assistance Fund
 221 S. Hartwell Avenue
 Waukesha, WI 53186**

Your completed application must be returned on or before December 15.