



2019-2020 Tuition Grant Application
St. Bridget Parish School
135 E Division St.
River Falls, WI 54022

Instructions: Please complete and return this application by **May 1, 2019**. Attach a copy of your most recent Federal Form 1040 tax return with all social security numbers concealed (cross out with black marker or use white out). Please note: If prior year tuition & Scrip commitments have 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 St. Bridget Parish tuition grant program
3. Recommendation of St. Bridget School tuition grant evaluation committee
4. Special circumstances provided on this application

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 St. Bridget Parish School for the 2019-2020 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 at a level BEYOND the \$50 earned profit requirement of all families. Please contact the principal if you need SCRIP 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: Gala and/or Home & School
- Lunch recess duties (11:30 – 12:30) (Requires principal approval.)
- Lunchroom duties (11:30 – 12:30) (Requires principal approval.)
- SCRIP volunteer (Help with selling SCRIP at church after weekend Masses.)
- Count/manage Box Tops or other redemption programs.
- School Office (Help when a substitute is needed: answering phones, running copies, etc)
- Other: _____

A letter will be sent to you as soon as a decision has been made by the St. Bridget Parish School grant evaluation committee but no later than May 15, 2019.

I declare that the above information to the best of my knowledge is true, correct and complete. I authorize St. Bridget Parish School 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 _____
--