2023-2024 Tuition Grant Application

St. Bridget Parish School

135 E Division St.

River Falls, WI 54022

*Instructions*: Please complete and return this application by May 5, 2023. 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 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 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 2023-2024 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 possible for your family. Please contact the school office 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 (11:20 – 12:40) (Requires principal approval)

[ ]  Lunchroom duties (11:20 – 12:40) (Requires principal approval)

[ ]  SCRIP volunteer (Help with selling SCRIP at church after weekend Mass)

[ ]  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 June 30, 2023.

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