CENTRAL CATHOLIC

MIDDLE SCHOOL HIGH SCHOOL

1200 RUBY AVE. GRAND ISLAND, NE 68803

308-384-2440

INSTRUCTIONS FOR COMPLETING YOUR TUITION ASSISTANCE APPLICATION FORM

1. Applications that are incomplete cannot be processed. Therefore, be sure to complete all information. Do not leave any items blank.

2. **Dependent Information.** List the name and age of all children living in your household, including any who may be attending college. List the grade each child will be enrolled in beginning next school term (Fall, 2016) and the school they plan to attend.

3. **Household Income**. List your income from all sources for calendar year 2015. A copy of your 2015 Federal Income Tax return must be included with your completed application.

4. Use the last page of the application to give a detailed explanation regarding your need for financial assistance, including information about expenses or circumstances that might be considered unusual or extraordinary.

5. **PLEASE NOTE**: If your family qualifies for assistance, financial aid will be awarded in the form of a grant and/or work/study. The work/study program is available for students age 13 and above and requires that each student work a specified number of hours at school in exchange for credit toward their tuition. Last year, students were each assigned 40 hours of work to earn $290.00 of credit toward tuition. Students who choose not to work the required hours have their tuition assistance award reduced accordingly.

6. **Application Deadline.** Return the completed application form NO LATER THAN April 15, 2016 to the address below.

Please return to: Budget and Finance Committee
c/o Steve Osborn/Superintendent
Central Catholic Schools
1200 Ruby Avenue Grand Island, NE 68803

"CATHOLIC SCHOOLS: Making a World of Difference"

CENTRAL CATHOLIC SCHOOLS

GRAND ISLAND, NEBRASKA 68803

TUITION ASSISTANCE

APPLICATION FORM

2016-2017 SCHOOL TERM

APPLICATION DEADLINE

APRIL 15, 2016

Last name of Parent/Applicant:_____

Student(s) name :_____

CENTRAL CATHOLIC SCHOOLS

GRAND ISLAND, NE 68803 TUITION ASSISTANCE APPLICATION FORM

Father's Name:_____Employer:_____
Father's Address:_____
Father's Telephone Number – Home:_____ Work:_____
Mother's Name:_____Employer:_____
Mother's Address (if different):_____
Mother's Telephone Number – Home:_____ Work:_____
Parent's Marital Status: Married _____ Separated _____ Divorced _____
Other (please specify):_____
Check parish in which you are a registered member:

Blessed Sacrament _____ Resurrection _____ St. Leo's _____ St. Mary's _____

Other (please specify):_____ email address:_____

DEPENDENT INFORMATION

For each child in your household, please list their name, age, grade level and the school they plan to attend during the 2016-2017 term.

NAME	AGE	GRADE – FALL 2016	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children reside with: Both Parents _____ Father _____ Mother_____

Other (please specify) _____

HOUSEHOLD INCOME – 2015

List all sources of income that supported your household in 2015 and have been or will be reported on your 2016 Federal Income Tax Return.

2015 income from work – Father ……. _____

2015 income from work – Mother …… _____

Social Security Benefits …….. _____

Child Support …….. _____

Aid to Families with Dependent Children (AFDC/ADC) …… _____

Unemployment compensation ……. _____

TOTAL Household Income ……. _____

Verification of income is required.

Please attach a copy of your 2016 Federal Income Tax return to this application.

Did you receive tuition assistance during the 2013-2014 term? _____ Yes _____ No

Although the Budget Finance Committee cannot guarantee any specific amount of financial aid due to the limited amount of funds available, your best estimate of the amount of assistance you expect to need for tuition costs in 2016-17 would be appreciated.

ESTIMATED AMOUNT NEEDED FOR 2016-2017: $_____

If eligibility requirements for tuition assistance are met, financial aid in the form of a direct grant and/or student work/study will be awarded. The work/study program is available for students age 13 and above and requires, students to work a specified number of hours for the school to offset part of the cost of tuition. Will your child/children accept a work/study assignment? _____ Yes _____ No

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What special Central Catholic Fundraisers/Events are you willing to volunteer for?

Husker Harvest Days _____ Knight Dinner/Auction _____

School Activities _____ Karnival Kapers _____

Third City Steak Feed _____

Other (please specify) _____

In the space below, please provide a detailed explanation of your need for financial assistance. Describe your situation as completely as possible, including any expenses that might be considered unusual or extraordinary.

CERTIFICATION: I/We hereby certify that the information contained in this application is true and accurate to the best of my/our knowledge and belief.

_____ _____

Parent/Guardian Date

_____ _____

Parent/Guardian Date

*The information contained in the application will be kept **CONFIDENTIAL**.*

Please return to: Budget and Finance Committee
c/o Steve Osborn/Superintendent
1200 Ruby Ave.
Grand Island, NE 68803