

**Saint Joseph Notre Dame High School  
Tuition Assistance Application  
for the 2010-11 School Year**

All applicants for tuition assistance must fill out this form along with submitting a PSAS application. This application must be submitted to SJND no later than **February 3, 2010** along with the following documents:

- 2009 Federal Income Tax return(s) (with all supporting schedules)
- 2009 Forms W-2; Forms 1099 (all forms including Form 1099-B); Form K-1s (2008 federal tax return(s) may be submitted if 2009 federal tax return(s) are not complete, but your 2009 federal tax return(s) must be submitted in order for the application to be finalized and student registration to be completed).

**STUDENT DATA**

List all SJND students who are applying for tuition assistance

<i>Last name</i>	<i>First name</i>	<i>2009-10 grade in school (circle)</i>			
_____	_____	9	10	11	12
_____	_____	9	10	11	12

**FAMILY DATA**

Father/Stepfather/Guardian information

<i>Last name</i>	<i>First name</i>	<i>Occupation</i>	<i>Employer</i>
_____	_____	_____	_____

Mother/Stepmother/Guardian information

<i>Last name</i>	<i>First name</i>	<i>Occupation</i>	<i>Employer</i>
_____	_____	_____	_____

List all other dependent children in your family.

Name	Age	School attending 2010-11	Tuition (annual)	Receive BASIC? Y/N
1. _____	_____	_____	\$ _____	_____
2. _____	_____	_____	\$ _____	_____
3. _____	_____	_____	\$ _____	_____

CURRENT INCOME INFORMATION

Monthly Income from all sources (check source and indicate amount):

Father \_\_\_ Stepfather \_\_\_ Male Guardian \_\_\_ gross monthly income..... \$ \_\_\_\_\_

Mother \_\_\_ Stepmother \_\_\_ Female Guardian \_\_\_ gross monthly income..... \$ \_\_\_\_\_

Income from monthly alimony ..... \$ \_\_\_\_\_

Income from child support ..... \$ \_\_\_\_\_

Contribution from others for family support (not based on divorce or separation) \$ \_\_\_\_\_

Other Family Income:

Rental income property ..... \$ \_\_\_\_\_

Location(s) / Estimated market value / Average Occupancy Percentage  
 \_\_\_\_\_ \$ \_\_\_\_\_ %

Worker's Compensation income (send verification)..... \$ \_\_\_\_\_

Unemployment Compensation (send verification) ..... \$ \_\_\_\_\_

Interest / dividends..... \$ \_\_\_\_\_

Social Security ..... \$ \_\_\_\_\_

Disability ..... \$ \_\_\_\_\_

Other: Source(s) \_\_\_\_\_ ..... \$ \_\_\_\_\_

Total Gross Monthly Income \$ \_\_\_\_\_

CURRENT EXPENSE INFORMATION

List all creditors and state unpaid balances and monthly payment.

<i>Creditor name</i>	<i>Goods or Services</i>	<i>Total Amt Owed</i>	<i>Mo Pymt.</i>
_____	Landlord or Mortgage holder (Primary Residence only, including any equity loans)	\$ _____	\$ _____
_____	Homeowners Association Dues	\$ _____	\$ _____
_____	Medical Insurance Premium	\$ _____	\$ _____
_____	Home / Renters Ins. Premium	\$ _____	\$ _____
_____	Life Insurance Premium	\$ _____	\$ _____
_____	Auto Insurance Premium	\$ _____	\$ _____
_____	Property Taxes	\$ _____	\$ _____
_____	Utilities (PGE, water)	\$ _____	\$ _____
_____	Telecommunications (tel/cell phones, internet)	\$ _____	\$ _____
_____	Car payments	\$ _____	\$ _____

_____	Food	\$ _____	\$ _____
_____	Clothing	\$ _____	\$ _____
_____	Medical/Dental Expenses (not covered by insurance)	\$ _____	\$ _____
_____	Transportation	\$ _____	\$ _____
_____	Alimony/Child Support pymt	\$ _____	\$ _____
_____	Support to other family members	\$ _____	\$ _____
	Rental Income Property expenses, net of depreciation and amortization		\$ _____
_____	Total monthly taxes(federal, state)		\$ _____
Other: Purpose(s) _____ .....			\$ _____

Total Monthly Expenses \$ \_\_\_\_\_

**INCOME AND EXPENSE SUMMARY**

Total monthly gross income    \$ \_\_\_\_\_  
Total monthly expenses        \$ \_\_\_\_\_  
Available monthly income       \$ \_\_\_\_\_

**TUITION**

Indicate your best estimate of what your family can afford for each SJND student monthly. **In order for your application to be complete, you must fill in an amount.** Tuition is collected in 10 equal payments starting in July and ending in April.

\$ \_\_\_\_\_ **per month**

In the space below please provide any additional information which would assist the Tuition Assistance Committee. Describe any unusual circumstances (please be specific) that impact your financial status or ability to pay tuition. Attach additional sheet if necessary. All applicants must write a statement providing information so that SJND can make the best decision possible.

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