

**TUITION ASSISTANCE REQUEST WORKSHEET**

**SECTION A- PARENT OR GUARDIAN INFORMATION**  
 Include all parents or guardians who reside in the family home. PLEASE PRINT CLEARLY.

Please check one:  Father  Stepfather  Guardian

Last Name	First Name, MI
Social Security Number	Age
Occupation	Work Phone Number
Employer	# of years

Marital status (please check one):  Single  Married  
 Separated  Divorced  Widowed

Please check one:  Mother  Stepmother  Guardian

Last Name	First name, MI
Social Security Number	Age
Occupation	Work Phone Number
Employer	# of years

Marital status (please check one):  Single  Married  
 Separated  Divorced  Widowed

If any student's parents are divorced or separated, is there an agreement which requires the non-custodial parent (not listed here) to make contributions specifically earmarked for education? \_\_\_ Yes \_\_\_ No If yes, what is the annual contribution? \$ \_\_\_\_\_

**SECTION B- HOUSEHOLD INFORMATION**  
 PLEASE PRINT CLEARLY

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

How many people will reside at this address during 20\_\_-\_\_ school year? No. of parents: \_\_\_\_\_ No. of children: \_\_\_\_\_

**SECTION C – INFORMATION ABOUT DEPENDENTS**  
 Include all dependents who reside in the family home and rely on the adults in Section A for their primary support

Please print the full name and age of each child below. If the child will attend a tuition-charging school, college, preschool, or day care facility during the 20\_\_-\_\_ school year, provide the information requested.

Last Name	First Name	Age	School, Day care, College, Preschool, etc.	Grade* 20__-__	Tuition Amount 20__-__

\*Enter "D" for Day Care, "C" for College. Include amounts to be paid for Day Care in the tuition column of this section.

**SECTION D – INCOME AND EXPENSES**

Please provide the following information for 20\_\_\_. Enter zero if applicable. Omit cents.

**Parent or Guardian Information**

Wages, Salaries and Tips	_____	.00	Form 1040 line 7, or Form 1040EZ line 1
Taxable Interest Income	_____	.00	Form 1040 line 8A, Or Form 1040EZ line 2
Dividend Income	_____	.00	Form 1040 line 9
Business and/or Farm Income (loss)	_____	.00	Form 1040 line 12 and/or line 18
Capital Gains or Losses	_____	.00	Form 1040 line 13
Taxable Retirement	_____	.00	Form 1040 lines 15b & 16b
Rental Properties, Royalties, Partnerships, S Corporations, Trusts, Etc.	_____	.00	Form 1040 line 17
Unemployment Compensation	_____	.00	Form 1040 line 19 or Form 1040EZ line 3
Taxable Social Security Benefits	_____	.00	Form 1040 line 20b
Other Taxable Income	_____	.00	Form 1040 line 21
Worker’s Compensation Received	_____	.00	Include any compensation received during 20__
Welfare/Food Stamps Received	_____	.00	Include AFDC, ADC received during 20__
Child Support Received	_____	.00	Do not include amounts reported in Section A specifically earmarked for educational purposes
Federal Income Taxes Paid	_____	.00	Form 1040 line 57 or Form 1040EZ line 10
Child Support Paid	_____	.00	Include total paid during 20__
Medical and Dental expense not paid By insurance or otherwise reimbursed	_____	.00	Include amounts paid for medical or dental insurance, or for treatment, and not reimbursed by others. Do not include insurance premiums paid by an employer.

Annual Income (1)	Amount	Annual Expenditures	Amount	Contingent Liabilities	Amount
Commission, Bonus		Mortgage Payments		As Endorser	
Other Recurring Income		Other Real Estate Mortgages		As Guarantor	
Nonrecurring Income		Automobile Payments		On Damage Claims	
<b>Total</b>		<b>Total</b>		<b>Total</b>	

(1)  Check this space if you are providing a current year income tax return complete with all schedules in lieu of completing the above section, “Annual Income”. By doing so, you certify that the tax return information is correct and that the Diocese of Beaumont may rely upon it as stated below. Note: The Annual Expenditures and Contingent Liabilities Sections must still be completed.

How much would you like in assistance? \_\_\_\_\_

**SECTION E – SPECIAL CIRCUMSTANCES**  
**PLEASE PRINT CLEARLY**

Please provide a brief description of any significant changes in income, expenses or financial condition expected during 20\_\_, or any other information that you would like considered when determining aid eligibility. Attach additional sheets if necessary.

**SECTION F – CERTIFICATION AND SIGNATURE**

This form must be signed by all parents in Section A. Incomplete or unsigned applications will not be processed.

I (We) hereby certify that the information on this form and all attachments is complete and accurate to the best of my (our) knowledge.

\_\_\_\_\_  
Certifying Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Please Remember to:

- ✓ Answer each question, entering zero if applicable.
- ✓ Attach a copy of your 20\_\_ tax return, including all attachments and schedules.