



Good Shepherd Catholic Church

703 Third Street Hillsboro, MO 63050

Tuition Assistance Available For Kindergarten Through Eighth Grade

Dear Parent(s),

We have received your request for financial assistance. As mentioned in our financial policies, an agreement with the Tuition Committee must be determined before your child or children are enrolled and counted on the class roster.

The following documents are to be filled out and returned to Brenda Bone at the parish rectory..

1. The Application for Assistance with Tuition (enclosed).
2. A copy of your 1040 Federal Tax Return (page 1 and 2) and a copy of your Schedule A and B. If self-employed also submit a copy of your Schedule C. Further documentation of your income and expenses may also be requested depending on circumstances.
3. A written or typed letter as to what you think you could give financially per month and why? (It is important to understand that your request may not match the decision of the Tuition Committee due to financial constraints and others who need assistance.)

Prior to these documents, the online archdiocesan scholarship application needs to have been completed at www.ttef-stl.org.

After we have received all of the documents and have received the results of the archdiocesan scholarship application, the Tuition Committee will review the information and reach a decision. Our Parish Coordinator, Brenda Bone will contact you so that an agreement may be made.

Sincerely,

The Good Shepherd Tuition Committee

GOOD SHEPHERD PARISH APPLICATION FOR ASSISTANCE WITH TUITION

In order to be considered for assistance with tuition this form must be completed and returned to Brenda Bone, our parish coordinator and Tuition Assistance Committee liaison. After all the appropriate paper work is submitted, the Tuition Assistance Committee will evaluate and render a decision to the amount of assistance that the committee can provide. The Tuition Assistance Committee may request further information or may need to speak with parents for clarification. All information obtained by this committee will be held in strictest confidence.

Family's Information

Father's Name: _____

Address: _____

City/Zip: _____

Home Phone: _____ Business Phone: _____

Employer's Name: _____

Occupation: _____

Father's Religion: _____

Mother's Name: _____

Address: _____
(if different from Father's address)

City/Zip: _____

Home Phone: _____ Business Phone: _____

Employer's Name: _____

Occupation: _____

Mother's Religion: _____

Are you: Married _____ Single _____ Divorced _____ Widowed _____

Number of children living in your home _____

Do you receive child support: _____ Amount Received Monthly:

Do you pay child support: _____ Amount Paid Monthly: _____

Father's Annual Salary before taxes: _____ After taxes: _____

Mother's Annual Salary before taxes: _____ After taxes: _____

Is anyone living with you who is sharing in your household expenses: _____

Do you own or rent your home: _____ Monthly Amount: _____

Do you own any other real estate: _____

List all vehicles owned including boats, campers, etc.:

Make	Model	Year	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in your family require constant medical care:

Relationship of Person: _____ Monthly Medical Expense:

List other outstanding debts:

To Whom Owed	Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Average Monthly Household Expenses:

Electric/Gas _____ Phone Services _____
Water/Sewer _____ Groceries _____
Auto/Gas _____ Ins. – Auto _____
Ins. - Health _____ Ins. – Life _____

List all children attending Good Shepherd School:

Full Name: _____ Age: _____
Full Name: _____ Age: _____
Full Name: _____ Age: _____
Full Name: _____ Age: _____
Full Name: _____ Age: _____

Do any of your children attend Catholic High School: _____

If yes, name of high school and monthly tuition: _____

What ways could you volunteer your time and talent to help the school?

I understand that the Tuition Committee will periodically review all families to verify that financial difficulties still exist and assistance is still needed.

I certify that I have given true and accurate information on this application.

Signature: _____ Date: _____