

Tuition Assistance Information

St. Kilian School
245 High St.
Hartford, WI 53027

1. Parents of students who request tuition assistance consideration must be registered and active members of St. Kilian Parish.
2. Evidence of financial need – either temporary or permanent – must be furnished with the application.
3. The scale to determine eligibility for tuition assistance funds is based on the income eligibility guidelines and is subject to change as of July 1, 2007.
4. If income is greater than that shown on the schedule, you may still be eligible for tuition assistance based on extenuating circumstances.
5. The amount of tuition assistance granted shall be based on individual family need.
6. Tuition assistance need not be paid back. However, if the temporary financial need has been resolved and parents wish to make some compensation to the fund, the donation will gladly be accepted.
7. Applications will be reviewed and a final decision will be made by the Director of Administrative Services. All information stated on the application will be kept strictly confidential.
8. Applications will be accepted March 1st through September 1st for the upcoming school year. If an unexpected need or an emergency arises after September 1st, circumstances will be considered and exceptions may be made following consultation with the Director of Administrative Services.
9. Funds are limited. All applications will be considered, however, if requests exceed available funds, preference will be given to families demonstrating the greatest need.
10. A COPY of your federal income tax must be included. If you did not file, please submit proof of family income (example: copy of welfare, AFDC, Social Security, Child Support, etc.).

**ST.KILIAN SCHOOL
245 HIGH STREET
HARTFORD, WI 53027**

APPLICATION FOR TUITION ASSISTANCE

Complete and return this application with supporting documents to the school office as soon as possible. **No application can be processed without the current federal income tax form included.**

| Name of Child(ren) | Grade |
|--------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Name of parent or guardian _____

Address _____

Telephone _____

Total number of household members _____
(Do not include members who are not family dependent)

Total household income scale.

Include wages for all working members, welfare payments, pensions, social security, child support and all other income. For those self employed include gross income minus operating expenditures. Enter one total below.

\$ _____
yearly

\$ _____
monthly

Hardship situation.

If your gross income exceeds the amount indicated on the family income scale and you wish to apply based on hardship conditions, please explain the hardship situation below.

Cost of special hardship \$ _____ monthly or \$ _____ yearly

Type of assistance requested. 66% or 33% (circle one)

I hereby certify that all the information furnished above is true and correct to the best of my knowledge.

Signature _____ Date _____