

### **Tuition Assistance Information**

1. Evidence of financial need, either temporary or permanent, must be furnished with the tuition assistance application.
2. The scale to determine eligibility for tuition assistance funds based is based on income eligibility guidelines and is subject to change as of July 1<sup>st</sup>.
3. If income is greater than that shown on the schedule, you may still be eligible for tuition assistance based on extenuating circumstances.
4. The amount of tuition assistance granted shall be based on individual family need.
5. All information stated on the application will be kept strictly confidential.
6. 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.
7. Funds are limited. All applications will be considered, however, if requests exceed available funds, preference will be given to families demonstrating the greatest need.
8. A COPY of your federal income tax must be included. If you did not file income taxes, please submit proof of family income (example: copy of welfare, AFDC, Social Security, Child Support, etc.).

Any questions may be sent to the principal at 262-673-3081 x7116 or business manager at 262-673-4831 x7404.

**St. Kilian School  
Tuition Assistance Application**

Complete and return this application with supporting documents to the school office as soon as possible.

Name of Child	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of parents or guardians \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Total number of dependent household members \_\_\_\_\_

**Total household income scale**

Include wages for all working members, welfare payments, pensions, social security, child support, etc. For those who are 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

Amount of tuition your family can pay without creating a financial hardship.

\$ \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_