



**Catholic Schools of the
Diocese of Marquette
TUITION SCHOLARSHIP
APPLICATION FORM**

FAMILY LAST NAME: _____

FATHER: _____ **MOTHER:** _____

PARISH MEMBERSHIP: _____

<u>NAME OF CHILDREN</u>	<u>GRADE</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCRIP REQUIREMENT:

Families applying for a tuition scholarship are required to participate in the Scrip Purchase Program. Each family is required to purchase Scrip to generate a profit minimum of \$175.00. The Bishop Baraga Catholic School Tuition Aid Committee is committed to the principle that no student should be denied a Catholic education. Family requests for tuition scholarship will be carefully considered in relation to the annual guideline established by the Commission on Education. Situations involving special financial circumstances should be brought to the attention of the Business Office for review and consideration.

HOUSEHOLD INCOME: (Please list all that apply.)

- \$ _____ Adjusted Gross Income (Attach most current-1040 tax return form)
- \$ _____ Anticipated Gross Income – Current Year
- \$ _____ Child Support Income (Attach most current Clerk of Courts documentation)
- \$ _____ SSI Income (Attach most current 1099 or other document)
- \$ _____ Other Non-Taxable Income (Attach most current 1099 or other documentation)
- \$ _____ Total Income

Household Size: _____

Child/children claimed on taxes by: _____ Mother _____ Father _____ Both

In your judgment, how much is needed to assist your child(ren) for the 20____/20____ year?
 _____ \$100 _____ \$200 _____ \$300 _____ \$400 _____ \$500

THIS APPLICATION WILL NOT BE CONSIDERED WITHOUT COPIES OF REQUIRED TAX AND INCOME FORMS. APPLICATION AND FORMS MUST BE SENT IN BY JUNE 15

**BISHOP BARAGA CATHOLIC SCHOOL
TUITION AID COMMITTEE
406 W B ST
IRON MOUNTAIN, MI 49801**

THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS WILL BE HELD IN STRICT CONFIDENCE. IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE BUSINESS OFFICE AT 774-2277.

TUITION AID APPLICATION

REASON FOR TUITION ASSISTANCE:

Unemployment: _____

Unusual Medical Expenses: _____

Other: _____

If there is any additional information that might be pertinent in considering your application, please write the information on the back of this sheet if additional space is needed.

Monetary effort must be made by each family.

Volunteer hours at school – stuffing envelopes, playground supervision, selling scrip, etc.

I certify that all statements on this application are true, complete and accurate to the best of my knowledge.

Signature

Date

Amount Granted

Administrator Signature

Date