

HOLY TRINITY CATHOLIC SCHOOL

K-8 TUITION ASSISTANCE REQUEST

Please print or type the following information:

Parent (Guardian) _____ Phone: _____
Last First

Address: _____
Street City State Zip

Parish: _____

We HAVE HAVE NOT previously completed the 2022-23 Catholic Tuition Organization (CTO) Financial Aid Application. If not, please do so and include it with this application form or attach a copy of your latest IRS Form 1040 and W-2.

Check any that apply:

- _____ Mother Deceased
- _____ Father Deceased
- _____ Parents Separated
- _____ Parents Divorced
- _____ Parents unable to work

Check appropriate income level:

- _____ Less than \$30,000
- _____ \$30,000 to \$35,000
- _____ \$35,000 to \$40,000
- _____ \$40,000 to \$45,000
- _____ more than \$45,000

List information below for ALL dependent children:

NAME	AGE	SCHOOL	GRADE	COST PER YR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you receiving assistance for school-related expenses from another source? Yes No
If yes, please explain: _____

Please describe briefly your reason for requesting tuition assistance: _____

What portion of the total cost can you commit yourself to pay? _____

What services could you offer the school/parish in return for tuition assistance?

We declare that all the information contained in this application to be true and complete to the best of our knowledge. We understand, too, that in return for tuition assistance, we will be expected to donate hours of service to the parish or school.

Date

Parent/Guardian Signature

We recommend this family for assistance:

Pastor

Principal

Amount of assistance: _____

Hours of Service: _____

Type of Service: _____

Date of Notification: _____