

Bishop's Scholarship Application 2016-2017

DIocese OF LAKE CHARLES+OFFICE OF CATHOLIC SCHOOL

APPLICATION FOR TUITION ASSISTANCE

(School Name)

The Diocese of Lake Charles as well as each local Catholic school recognizes that tuition is a challenge for some families. To assist families who desire education in a Catholic school for their children, a program of tuition assistance is available.

PLEASE COMPLETE THE ENTIRE APPLICATION. ATTACH A COPY OF YOUR CURRENT INCOME TAX FORM AND RETURN TO THE SCHOOL OFFICE. All information required for application will be considered confidential.

APPLICATION DEADLINE: SCHOOL MUST ENTER DATE

NAME OF FAMILY:		
STREET ADDRESS:		
MAILING ADDRESS		
CITY:	STATE:	HOME TELEPHONE:

FATHER/GUARDIAN OCCUPATION:	Work Telephone Number:
Employed by:	Years Employed:
MOTHER/GUARDIAN OCCUPATION:	Work Telephone Number:
Employed by:	Years Employed:

STATUS OF CHILDREN IN FAMILY

	NAME	GRADE	SCHOOL
1.			
2.			
3.			
4.			
5.			

TUITION TO BE PAID FOR THE 2016-2017	\$
TOTAL AMOUNT OF TUITION ASSISTANCE REQUESTED	\$

Does your student receive any other form of financial assistance for tuition?

The financial information requested below will be held in the strictest confidence.

What is your expected gross income for the next 12 months?

Number of automobiles owned by family: _____ (Please indicate Make/Model/Year)

1. _____ Financed:* _____ Monthly Payments

2. _____ Financed:* _____ Monthly Payments

3. _____ Financed:* _____ Monthly Payments

*If any of the above automobiles are financed, please indicate with whom:

Does the Family own a Home: _____ Yes _____ No (If no, amount of monthly rent _____)

Monthly Mortgage Payments: \$ _____

Mortgage Company: _____

Parents/Family members of:

1. Country Club Yes No

2. Athletic Club Yes No

3. Mardi Gras Krewe Yes No

4. Other

Does your child/children take dance, karate lessons, etc? How much is spent weekly?

Yes No \$ _____

Other fixed monthly obligations:

PAYEE	PURPOSE	MONTHLY PAYMENTS	BALANCE OWED

Any other information which the Applicant feels the Tuition Assistance Committee should know regarding this application:

ALL TUITION ASSISTANCE IS FOR ONE YEAR ONLY. A NEW APPLICATION FOR TUITION ASSISTANCE MUST BE COMPLETED EACH YEAR.

Signature of Father (Guardian)

Date

Signature of Mother (Guardian)

Date

FOR OFFICE USE ONLY:

Date Application Approved _____ Amount Approved _____

Signature of Approving Agent _____

School Attending _____