

FOR OFFICE USE ONLY

Registration Fee Paid _____

Date Received _____

F.A. Awarded _____

Last Name _____

Grade(s) _____

**Bishop Kelly High School
2009-2010 School Year****TUITION ASSISTANCE APPLICATION**

This form must be completed if you are seeking tuition assistance to include Financial Grant (Traditional Assistance), Work Study or both. Refer to the separate Tuition & Fee Policy sheet for details on these plans. Para instrucciones en español, por favor contacte a la oficina de Bishop Kelly.

In order to receive tuition assistance, your complete registration packet must be on file. Additionally, please complete this Tuition Assistance Application and return it by **April 30, 2009**. **A copy of your 2008 Federal Tax return is required** for Financial Grant and Work Study applications. A letter explaining your circumstances is strongly recommended. Please complete one application per family. Answer all questions completely. Incomplete applications will be returned.

If funds are available, there will be an additional financial assistance review in September for families missing the first deadline. Applications for this review must be submitted by August 31, 2009. A third review for second semester assistance will be held in December. Applications are due by December 1, 2009.

If you apply for a financial grant (traditional assistance) and do not receive enough assistance to make BK affordable for you, the registration, less a \$25.00 processing fee, will be refunded to you.

ALL ACCOUNTS MUST BE CURRENT BEFORE ASSISTANCE WILL BE GRANTED

The following criteria will be used in determining financial assistance:

1. Financial need. All applications received on time will be reviewed. Aid is dispersed according to need. A set amount of funding is available each year. Not all applicants will qualify for financial aid.
2. Student applicant must abide by all rules and regulations of Bishop Kelly High School.
3. Tuition Assistance will be revoked if terms of the Tuition Contract are not maintained and kept current.
4. A review of all applicants receiving tuition assistance will be held the first week of December to ensure compliance of terms.
5. A student who is placed on probation at any time during the school year may **forfeit tuition assistance** and must reapply for future assistance.

SECTION A – MUST COMPLETE FOR ALL PROGRAMS**BK STUDENT INFORMATION:**

Name _____	Grade _____	Student #1 Full Tuition Rate – participating /nonparticipating
Name _____	Grade _____	Student #2 Tuition discounted 10%
Name _____	Grade _____	Student #3 Tuition discounted 20%
Name _____	Grade _____	Student #4 Tuition discounted 30%

PARENT INFORMATION:

Name _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone (F) _____ (M) _____

Fax Number _____ Cell Phone (F) _____ (M) _____

Father's place of employment _____

Mother's place of employment _____

DIVORCED or SEPARATED PARENTS: This form is to be completed by the parent responsible for the student's educational expenses. Shared responsibility requires an application from both parents.

FAMILY INFORMATION for 2009-2010

Total Number of children in family _____

Children in Catholic elementary schools:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

SECTION B – MUST COMPLETE FOR FINANCIAL GRANT AND WORK STUDY PROGRAMS. Attach a copy of your 2008 Federal Tax Return.

FINANCIAL INFORMATION:

Annual Income

2008 Gross Wages, Salaries, Tips.....\$ _____
 2008 Interest and Dividend Income.....\$ _____
 2008 Other Income (alimony, child support, pensions).....\$ _____
Total Household Income for 2008.....\$ _____
 Expected Household income for 2009.....\$ _____

Annual Expenses

Living Expenses.....\$ _____
 Other Annual Bills.....\$ _____

Net Income (annual 2008 income minus annual expenses).....\$ _____

ASSETS:

Cash, savings, checking accounts.....\$ _____
 Investments Value stocks and bonds (not retirement).....\$ _____
 Other assets (type and value).....\$ _____
 Do you rent _____ or own _____ your home? If you own your home: Year purchased _____
 Fair market value of home.....\$ _____
 Auto (year/model/value).....\$ _____
 Auto (year/model/value).....\$ _____

TOTAL \$ _____

DEBTS

Mortgages (remaining balance).....\$ _____
 Monthly rent/mortgage payment.....\$ _____
 Bank Loans and Credit Cards (remaining balances).....\$ _____
 Auto Loans (amount owed).....\$ _____
 Medical Insurance Premiums.....\$ _____
 Other debts.....\$ _____
TOTAL \$ _____

NET WORTH (total assets minus total debts).....\$ _____

EDUCATION EXPENSES:

Total elementary, junior high, high school, and college tuition paid for dependent children listed as family members for 2009-2010

Name _____ School _____ Tuition \$ _____
 Name _____ School _____ Tuition \$ _____
 Name _____ School _____ Tuition \$ _____

MEDICAL/DENTAL EXPENSES: Total anticipated medical/dental expenses for 2009-2010 not covered by insurance \$ _____

EXPLANATION/SPECIAL CIRCUMSTANCES: Please attach an additional sheet.

AMOUNT OF ASSISTANCE REQUESTED \$ _____

AMOUNT OF AID FROM OTHER SOURCES \$ _____

SIGNATURES:

I (we) declare that the information provided is true and complete.

FATHER _____ Date _____

MOTHER _____ Date _____

SECTION C – MUST COMPLETE FOR WORK STUDY PROGRAM

If selected for this program, I understand that I will also apply to become a part time employee of Bishop Kelly High School and work as such at minimum wage for the hours awarded. Job description and duties will be at the discretion of the Bishop Kelly President and/or Principal. I will receive direct compensation from the High School and this compensation must be used towards educational expenses (tuition, fees, transportation) as part of the total family expected contribution towards my education.

Students selected to participate in this program will complete all work study hours during the summer prior to the fall semester of school.

I want to be considered for this program and will commit to working _____ hours.

STUDENT _____ Date _____ PARENT _____ Date _____

Thank you for completing this application.
 All information is kept confidential and will only be reviewed by the Financial Aid Committee.
 You may be contacted if clarification is needed.
 Notice of the Financial Aid Committee's decision will be sent in May.