

FOR OFFICE USE ONLY

Registration Fee Paid _____

Date Received _____

T. A. Awarded _____

Last Name _____

Grade(s) _____

**Bishop Kelly High School
2010-2011 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, 2010**. **A copy of your 2009 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, 2010. A third review for second semester assistance will be held in December. Applications are due by December 1, 2010.

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 academic or disciplinary probation at any time during the school year may **forfeit tuition assistance** and must reapply for future assistance.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED - FILL IN ALL LINES

SECTION 1: APPLICANT AND CO-APPLICANT INFORMATION

Applicant: Parent or Guardian

Co-Applicant: Spouse

Name _____

Address _____

City/State/Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Place of employment _____

Occupation _____

E-mail Address _____

Employment Status: Full-time Part-Time Stay-at-Home Self-Employed
Unemployed Disabled Retired Student

Full-time Part-Time Stay-at-Home Self-Employed
Unemployed Disabled Retired Student

Relationship to student: Father Mother Stepfather Stepmother
Legal Guardian Grandfather Grandmother Other _____

Father Mother Stepfather Stepmother
Legal Guardian Grandfather Grandmother Other _____

Marital Status: Married Single Divorced Separated Widowed
(If married, co-applicant information is required)

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.

SECTION 2: STUDENT AND OTHER DEPENDENTS INFORMATION

Size of Household: Number of Adults living in this household _____ Number of children 12th grade or younger living in this household _____

Beginning with your Bishop Kelly students, list all dependent children 12th grade or younger who reside in your home.

Name _____	School _____	Grade _____	Your Expected Tuition _____
Name _____	School _____	Grade _____	Your Expected Tuition _____
Name _____	School _____	Grade _____	Your Expected Tuition _____
Name _____	School _____	Grade _____	Your Expected Tuition _____
Name _____	School _____	Grade _____	Your Expected Tuition _____

SECTION 3 – Applicant and Co-Applicant Income Information (Attach a complete copy of your 2009 Federal Income Taxes)

	<u>Applicant</u>	<u>Co-Applicant</u>
Taxable Income for 2009		
2009 Adjusted Gross Income from 2009 Federal tax return (Attach Form 1040)	\$ _____	\$ _____
Do you own any of the following?		
Business (Attach Schedule C or C-EZ and Form 4562 Depreciation and Amortization)	Yes No	Yes No
Farm (Attach Schedule F and Form 4562 Depreciation and Amortization)	Yes No	Yes No
Rental Property (Attach Schedule F)	Yes No	Yes No
S Corporation (Attach Schedule E, Form 1120S (4 pages), Schedule K-1, Form 8825)	Yes No	Yes No
Partnership (Attach Schedule E, Form 1065 (5 pages), Schedule K-1, Form 8825)	Yes No	Yes No
Estates and Trusts (Attach Schedule E, Form 1041 (5 pages), Schedule K-1)	Yes No	Yes No

Non-Taxable Income for 2009		
Child Support	\$ _____	\$ _____
Social Security benefits received that were not taxed, such as SSI	\$ _____	\$ _____
Temporary Assistance for Needy Families (TANF)	\$ _____	\$ _____
Welfare and/or Aid for Families with Dependent Children (ADFC/ADC)	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Tuition Support anticipated from friends/relatives/employer	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.)	\$ _____	\$ _____

Change of Income		
Do you anticipate a decrease in your 2010 household income?	Yes No	Yes No
If Yes, complete the following questions and include an explanation in the Letter of Circumstance:		
What do you anticipate your income to be for the coming year?	\$ _____	\$ _____
Your income will be reduced in the coming year for the following reason(s) (Select all that apply)		
Unemployed		Unemployed
Expect to be unemployed		Expect to be unemployed
Will have reduced hours		Will have reduced hours
Exiting the work force		Exiting the work force
Filing for divorce		Filing for divorce
Plan to retire		Plan to retire
Medical reasons		Medical reasons
Death of a spouse		Death of a spouse
Increase in family size		Increase in family size
Loss of alimony or support		Loss of alimony or support
Military reasons		Military reasons
Other _____		Other _____

SECTION 4 – Applicant and Co-Applicant Expense Information

Current Monthly Expenses (enter monthly amounts)

Do you rent or own your primary residence? Rent Own Other Estimated Value \$ _____

Monthly rent or mortgage payment (include principal, interest, taxes, and home insurance) \$ _____

Do you own a second home (not including rental property)? Yes No Estimated Value \$ _____

If Yes, Monthly mortgage payment on second home (include principal, interest, taxes, and home insurance) \$ _____

Monthly home equity loan payments \$ _____

Total Credit Card Debt (Do not include balances that are paid in full each month) \$ _____

Total of all minimum amounts due on monthly credit card statements) \$ _____

Vehicle information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment.

	<u>Make/Model</u>	<u>Year</u>	<u>Monthly Payment</u>	<u>Value</u>
Vehicle 1:	_____	_____	_____	_____
Vehicle 2:	_____	_____	_____	_____
Vehicle 3:	_____	_____	_____	_____
Vehicle 4:	_____	_____	_____	_____
Vehicle 5:	_____	_____	_____	_____

Monthly student loan payments for family members no longer attending college for which you are responsible \$ _____

Monthly child support payments (Applies only to parent paying child support. (Do not include amount received) \$ _____

Monthly health insurance premiums paid directly to the insurance company (Do NOT include premiums paid through your employer via payroll deductions or premiums that are deducted on your tax return as self-employed health insurance deductions.) \$ _____

Other monthly loan payments (Do not include cell phone, utilities, or living expenses)

Creditor _____ Monthly loan payment \$ _____

Current Annual Expenses (enter yearly amounts)

Annual vehicle insurance \$ _____

Total out-of-pocket medical expenses not paid by insurance \$ _____

Charitable contributions---cash or checks---for 2009 \$ _____

College Expenses: Number of family members attending college beginning Fall of 2010 _____

Total amount of your family's out-of-pocket cost for college expected this year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contribution expected from student earnings.) \$ _____

Child/Day Care Expenses: Number of children for whom you pay child care expenses beginning Fall of 2010 _____

Total amount of child/day care expenses expected this year (Do not include preschool/prekindergarten expenses. This should be included in Section 2 above.) \$ _____

Elder Care Expenses: Number of people for whom you pay elder care expenses _____

Total amount of elder care expenses expected this year \$ _____

SECTION 5 – Applicant and Co-Applicant Assets and Liabilities Information

ASSETS:

Value of cash, savings, and/or checking accounts \$ _____

Value of stocks, bonds investments, mutual funds, and/or certificates of deposit (not retirement) \$ _____

Value of retirement plan assets – 401(k), 403(b), and/or IRAs \$ _____

What is your and/or your spouse's annual contribution to retirement plan assets? \$ _____

If you own your home, the amount you owe \$ _____

If you own a second home, the amount you owe (do not include rental property) \$ _____

EXPLANATION/SPECIAL CIRCUMSTANCES: Please attach an additional sheet.

AMOUNT OF ASSISTANCE REQUESTED \$ _____

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments \$ _____

SIGNATURES:

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

Parent or Guardian (Applicant) _____ Date _____

Spouse (Co-Applicant) _____ Date _____

SECTION 6 – 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 per week.

STUDENT _____ Date _____ PARENT _____ Date _____

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