



Reduced Tuition Application For the 2011/2012 School Year

**This application is due to the Parish Business Office by
April 15, 2011**

Please refer to the Norfolk Catholic Schools Tuition Policy, Scholarship Policy and Tuition Assistance Policy for more information.

If you have questions about this form, please contact Kristen Rosner at 402-371-2621 or at krosner@shpo.org.

**Return to Kristen Rosner, Business Manager
204 South 5th Street, Norfolk, NE, 68701**

The following is REQUIRED to be submitted with your application:

- Copy of your entire 2010 Federal tax return and supporting schedules. Do not submit the state tax return.
- Copies of all 2010 W-2 Wage and Tax Statements for both the applicant and co-applicant.
- Copies of all supporting documentation for household Social Security Income, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).

Award notifications will be mailed the middle of May.

This form allows you to type responses in the fields provided. You can email the completed form by clicking the submit button on the last page. You are still required to submit the supporting information described above. You also have the ability to print the form at any time. However, you cannot save the data that you typed in this form.

Section 1: Parent & Family Information

Applicant Name _____

Relationship to Student(s) Father Mother Stepfather Stepmother Grandfather Grandmother Legal Guardian Other _____

Employment Status Full-Time Part-time 0-30 hrs Stay at Home Self-Employed Student Disabled Unemployed Retired

Occupation _____

Employer _____

How long? _____

If a student, Degree being sought (BA, AA, major, etc.) _____
 Month, year of Graduation: _____

Co-Applicant Name _____

Relationship to Student(s) Father Mother Stepfather Stepmother Grandfather Grandmother Legal Guardian Other _____

Employment Status Full-Time Part-time 0-30 hrs Stay at Home Self-Employed Student Disabled Unemployed Retired

Occupation _____

Employer _____

How long? _____

If a student, Degree being sought (BA, AA, major, etc.) _____
 Month, year of Graduation: _____

Current Marital Status Married (Co-applicant information required) Divorced Date Divorce Final _____ Separated Date of Separation _____ Widowed Single, living alone Single, residing with significant other (report your share of expenses) Other _____

Are you a member of Sacred Heart Parish? Yes No
 If no, of which church are you a member? _____

Which ministries are you personally involved?

Amount family can pay towards tuition for Norfolk Catholic (grades K-12 only)? Son Shine Preschool fees are not included in this evaluation.

\$ _____ (per month) \$ _____ (per yr)

Section 2: Family Information

Please list everyone who lives in your home not listed in Section 1.

Name	Relationship	Grade	Age	School Attending

Section 3: Applicant Income Information

Total of take-home pay (net) January-December, 2010: \$ _____ (applicant)

Total of take-home pay (net) January-December, 2010: \$ _____ (co-applicant)

Nontaxable Income

	Income is received: (Select one)
Child support received	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____
Social Security benefits received that were not taxed, such as SSI	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____
Welfare and/or Aid for Families with Dependent Children (AFDC/ADC)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____
Food stamps	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____
Tuition support anticipated from friends/relatives	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____
Workers' Compensation	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____
Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually \$ _____

If you have other income not described above, please provide a description below (including amount per month and source).

Section 4: Applicant Expense Information

Current Monthly Expenses

Do you rent or own your primary residence? Rent Own

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

Monthly home equity payment \$ _____ monthly payment

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

Vehicle 1 Make/Model, Year: _____ \$ _____ monthly payment

Vehicle 2 Make/Model, Year: _____ \$ _____ monthly payment

Vehicle 3 Make/Model, Year: _____ \$ _____ monthly payment

Total credit card debt. Do not include balances that are paid in full each month. \$ _____ balance

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

Monthly student loan payments for family members no longer attending college \$ _____ monthly payment

Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses. Your car loan is reported pg 4, credit card above.) Yes No

Loan 1: _____ Balance \$ _____ \$ _____ monthly payment

Loan 2: _____ Balance \$ _____ \$ _____ monthly payment

Loan 3: _____ Balance \$ _____ \$ _____ monthly payment

Monthly child support payments. (applies only to the parent paying child support. Do not include child support received.) \$ _____ monthly payment

Health Insurance Expenses
Is your health insurance paid through your employer as a payroll deduction? Yes No

If no, list the health insurance premium(s) paid per month out of your bank account directly to the insurance company. \$ _____ monthly payment

Section 4: Applicant Expense Information Continued

Current Annual Expenses

Annual vehicle insurance expense \$ _____ annual

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

Charitable contributions—cash or checks—per year \$ _____ annual

College Expenses:

Number of family members attending college beginning in the fall of 2011 _____

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

Child care Expenses:

Number of children for whom you pay child/day care expenses beginning in the fall of 2011. _____

Total amount of child/day care expenses expected this year \$ _____ annual

Elder Care Expenses:

Number of people for whom you pay elder care expenses _____

Total amount of elder care expense expected this year \$ _____ annual

Section 5: Applicant Assets & Liabilities

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

Value of stock, bond investments, mutual funds, and/or certificates of deposit \$ _____

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

What is your household's annual contribution to retirement plan assets? \$ _____

If you own your home, the estimated value \$ _____

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

Section 6: Anticipated Change of Circumstances

Do you anticipate a decrease in your 2011 household income? Yes No

If yes, answer the following questions:

What do you anticipate your income to be for 2011? \$ _____

What do you anticipate the co-applicant's income to be for 2011? \$ _____

Your income will be reduced in the coming year for the following reason(s): (Select all that apply and describe in Section 8.)

- | | |
|---|---|
| <input type="checkbox"/> Unemployed or expect to be unemployed | <input type="checkbox"/> Will have reduced hours (From _____ to _____) |
| <input type="checkbox"/> Plan to take a job at a lower wage rate (New rate \$ _____ per hour) | <input type="checkbox"/> Exiting the workforce and plan to work in the home |
| <input type="checkbox"/> Filing for legal separation or divorce | <input type="checkbox"/> Plan to retire |
| <input type="checkbox"/> Medical reasons (describe in section 8) | <input type="checkbox"/> Loss of alimony or spousal support |
| <input type="checkbox"/> Increase in family size | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Military reasons | |

Section 7: Explanation of Current Circumstances

The Tuition Assistance Committee reviews applications for assistance and attempts to make a proper and fair decision regarding tuition. Provide the following information so that a proper decision for your family can be made.

Economic reasons: The economy can impact families in various ways. If it is impacting your family, please submit paystubs for the current months along with paystubs from a year earlier of the same pay period to show reduced hours or wage and other proof as applicable to your decrease in income.

Medical reasons: The application asks for loan balances and monthly payments and the amount of medical expenses each year. These numbers are used in the Committee's review process. If these numbers are not provided on the previous pages, please submit outstanding amounts due and monthly payments and the name of each medical provider.

Family budget reasons: In order to evaluate based on this reason, please submit a list of monthly income and expenses detailing take-home pay (net), income from all other sources, and all expenses.

Section 8: Written Description

In the area below and/or on another sheet of paper, please answer the following questions:

- 1) Why do you want your children to attend Norfolk Catholic Schools?
- 2) Describe your situation that led to your decision to seek tuition assistance.

Section 10: Certification

This application is to provide information to assist Sacred Heart Church/Norfolk Catholic Schools in deciding the amount of tuition waiver for the 2011/2012 school year. This information will be reviewed by a small committee in order to award the tuition waiver. Within this small committee, confidentiality will be maintained.

I (we) declare that the information provided on this form is true, correct, and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information.

Applicant signature, date

Co-applicant signature, date