St. Teresa of Avila

1194 Rulison Avenue * Cincinnati, Ohio * 45238 * 513-921-9200

REQUEST FOR TUITION ASSISTANCE

Family Last Name _____ First Name _____ M.I. _____ Home Phone Number _____

Street Address _____ Zip code _____ Number of children in household _____

1. FINANCIAL STATUS, as of this date:

a. Husband/Male: Occupation: _____

Name of Company: _____

Monthly take-home pay: $_____

b. Wife/Female: Occupation: _____

Name of Company: _____

Monthly take-home pay: $_____

c. Other Sources of Income:

Unemployment payments $ _____ Weekly

Welfare assistance: $ _____ Monthly

Child Support $ _____ Monthly

Pension/Disability Income $ _____ Monthly

d. Your monthly mortgage/rent payments are: $ _____ Monthly

e. Tuition paid to other schools (high school, college, etc) $ _____ Monthly

Please specify schools: _____

f. List your other debts you now have, NOT PAID: e.g. (charge accounts, medical bills, utilities, etc.)

$ _____ Describe: _____

$ _____ Describe: _____

$ _____ Describe: _____

$ _____ Describe: _____

2. Please state your reason for applying for this aid:

3. Please list your family's involvement in any activity that helps the parish and/or school. (Please use a separate sheet of paper or the reverse side of this sheet).

The facts above are true. I understand that this aid is NOT A TOTAL EXEMPTION OF THE TOTAL COST OF TUITION, BUT AN AID TO HELP ME AT THIS TIME. This aid is only for this school year.

Signature: _____ Date: _____

NOTE: This form must be returned with a copy of your most current Federal Income Tax Return to be considered for tuition aid. Please attach all criteria to this application.