FOR OFFICE USE ONLY

Date Received: _____ School Official Initial: _____

FAMILY TUITION ASSISTANCE PROGRAM 2024-25 SCHOOL YEAR

Welcome to the Guardian Angels Central Catholic family. In our attempt to fulfill our mission of preparing all students to reach their fullest potential by learning and leading through Christ we are pleased to offer you the opportunity for quality Catholic education.

The Family Tuition Assistance Program has been established to help provide financial resources to those families who desire a Catholic education but may require tuition assistance.

The completion of this form is only required if a family wishes to apply for tuition assistance through Guardian Angels Central Catholic.

We ask that any family applying for our local Family Tuition Assistance would also apply to the Children's Scholarship Fund (grades K-8) and/or the Catholic Futures Foundation (grades 9-12). Information for these opportunities may be acquired through the school or parish.

Please complete the following application form and return the completed application to the school office by **MAY 17, 2024**. If you have any questions or concerns regarding the application process please call (402) 372-5328. Thank you!

FAMILY TUITION ASSISTANCE APPLICATION FOR 2024-25 SCHOOL YEAR

Family name		Parish affiliation					
Father's Name:	Address:						
Home Phone:	Cell Phone:		Work Phone:				
Mother's Name: _		Address:					
Home Phone:	Cell Phone:		Work Phone:				
PARENT STATUS:	Both live at home Decease	ed (Father]	Mother) Divorced Separated				
Student lives with:	Person responsible for students' tuition?						
STUDENTS TO B	E ENROLLED AT GUARDIA	<u>N ANGELS (</u> AGE	CENTRAL CATHOLIC: GRADE for 2024-25				

CONFIDENTIAL FINANCIAL STATEMENT

Is this family eligible for ADC or unemployment be	Yes	No	
Did you apply for free and reduced lunches?		No	
Did you apply for an Archdiocesan or Children's Fu	Yes	No	
Father's employer: Annual gross salary \$	occupation:		
Mother's employer: Annual gross salary \$	occupation:		
<u>TOTAL AMOUNT GROSS INCOME</u> : including f pensions, interest, ADC, Unemployment. If father' not include	s or mother's sa	lary is not part of fa	amily support, do
If applicable, do you receive child support? Yes	No	If yes, how much?	\$
PLEASE LIST ANY EXTRAORDINARY EXPEN IMPORTANT FOR US TO KNOW IN EVALUATI			
COMMUNITY INVOLVEMENT			

The community is happy to support your family in its goal of achieving a Catholic Education for your children. On your part we ask you to reflect on the ways in which you can be involved in service to the community. Please indicate your willingness to continue or begin involvement in the following ways:

1. Support and participate in school fundraising activities? Yes <u>No</u>

2.	Take part in a	volunteer service scho	ol program?	Yes	No
	1		1 0		

3. Please suggest some ways that you can be of service to the school? (State possibilities)

We hereby state that all information to the best of our knowledge is true and accurate.

DATE:

SIGNED: (FATHER) _____

(MOTHER)

We request financial assistance in the amount of \$_____.