

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 2023-24 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 ___ Deceased (Father ___ Mother ___) Divorced ___ Separated ___

Student lives with: _____ Person responsible for students’ tuition? _____

STUDENTS TO BE ENROLLED AT GUARDIAN ANGELS CENTRAL CATHOLIC:

NAME	AGE	GRADE for 2023-24
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFIDENTIAL FINANCIAL STATEMENT

Is this family eligible for ADC or unemployment benefits? Yes ___ No ___
Did you apply for free and reduced lunches? Yes ___ No ___
Did you apply for an Archdiocesan or Children's Fund Scholarship Yes ___ No ___

Father's employer: _____ occupation: _____
Annual gross salary \$ _____

Mother's employer: _____ occupation: _____
Annual gross salary \$ _____

TOTAL AMOUNT GROSS INCOME: including father's & mother's plus Social Security benefits pensions, interest, ADC, Unemployment. If father's or mother's salary is not part of family support, do not include.....\$ _____

If applicable, do you receive child support? Yes ___ No ___ If yes, how much? \$ _____

PLEASE LIST ANY EXTRAORDINARY EXPENSES OR CONDITIONS THAT WOULD BE IMPORTANT FOR US TO KNOW IN EVALUATING YOUR REQUEST FOR ASSISTANCE.

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 ___ No ___
2. Take part in a volunteer service school program? Yes ___ No ___
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 \$ _____.