

*Our Lady of the Gulf  
Catholic School*



*Tuition Assistance  
Application for Family  
2018 - 2019*

\*\*\*\*\*FOR SCHOOL OFFICE USE ONLY\*\*\*\*\*

Applicant #: \_\_\_\_\_

<p>Date Application Received: _____</p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Returned for info</p>	<p>TA Review Round: _____</p> <p>Actual Tuition: _____</p> <p><input type="checkbox"/> Approved TA Amount \$ _____</p> <p><input type="checkbox"/> Disapproved</p>
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**OUR LADY OF THE GULF CATHOLIC SCHOOL  
TUITION ASSISTANCE APPLICATION  
CONFIDENTIAL INFORMATION**

**Application package must include:**

- Completed Tuition Assistance Application Form
- Completed Registration Form for each student
- Copy of previous year's Federal Income Tax Form 1040 or equivalent\*

**List Students to attend Our Lady of the Gulf School Next Fall**

<i>Name</i>	<i>Grade</i>	<i>Name</i>	<i>Grade</i>

**Father/Guardian**

**Mother/Guardian**

Last:		First:		Last:		First:	
Address:				Address:			
Work Phone:		Home Phone:		Work Phone:		Home Phone:	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced		<input type="checkbox"/> Deceased	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	

**Father/Guardian Employment Record**

**Mother/Guardian Employment Record**

Employer:		Employer:	
If unemployed, most recent employer:		If unemployed, most recent employer:	
Date last employed:		Date last employed:	

**OTHER INCOME – Report on Annual Basis**

	\$		\$
Non-Taxable Pensions	\$	Disability	\$
Workmen's Compensation	\$	V.A. Benefits	\$
Alimony	\$	Child Support	\$
Welfare (AFDC/ADC)	\$	Food Stamps	\$
Social Security	\$	Other Non-Taxable Income	\$
Unemployment Benefits	\$	Trust Funds	\$
		Any Other Income	\$

**Within the PRIMARY household of student(s):**

Name of adult <i>financially</i> accountable: <i>(*Income tax information required from this person)</i>	Number of adults in household:	Number of children (<18 years old) in household:
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