



## Tuition Assistance Application

**Priority Deadline Due Date: April 30, 2021**

*Applications received after this date are subject to limited availability of funds.*

Parent Name (s): \_\_\_\_\_ Parish: \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Names/grades of children attending CSGK:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

Note: Complete the following questions using data pertaining to parent(s) completing this form. If parents are divorced, enter data for the parent with whom the dependent(s) lives for the greater part of the year. If that parent is remarried, include data for step-parent.

Parent(s) Marital Status: \_\_\_ Married with two parents present \_\_\_ Single parent supporting child alone  
 \_\_\_ Single parent sharing expenses with another adult

Total number in household: \_\_\_ Total number attending CSGK \_\_\_

Place of Employment: \_\_\_\_\_  

Father	Yrs at	Mother	Yrs at
--------	--------	--------	--------

**FINANCIAL INFORMATION:**

**ASSETS:**

Cash in Deposit Accts \$ \_\_\_\_\_  
 Market Value of Home \$ \_\_\_\_\_  
 Market Value of other Real Estate \$ \_\_\_\_\_  
 Value of Investments \$ \_\_\_\_\_  
 Market Value of Personal Property:  
 Including: Cars, Boat, etc. \$ \_\_\_\_\_  
 Total Assets \$ \_\_\_\_\_

**LIABILITIES:**

Mortgage \$ \_\_\_\_\_  
 Home Equity \$ \_\_\_\_\_  
 Loans payable to Financial Inst. \$ \_\_\_\_\_  
 Credit Card Debt \$ \_\_\_\_\_  
 Other Liabilities \$ \_\_\_\_\_  
 Total Liabilities \$ \_\_\_\_\_

**INCOME:**

Adjusted Gross Income from 1040 Federal Tax Return (all household adults): \$ \_\_\_\_\_

Add:        Non-taxable interest or dividends        \$ \_\_\_\_\_  
              Non-taxable pensions, IRA's, or annuities    \$ \_\_\_\_\_  
  
              Non-taxable social security benefits        \$ \_\_\_\_\_  
              Child support received                        \$ \_\_\_\_\_  
                          Sub-total additions                                \$ \_\_\_\_\_

Deduct:      Medical/dental expenses                        \$ \_\_\_\_\_  
                  (expenses not covered by insurance; provide Schedule A from your 1040)

              Child support paid                                \$ \_\_\_\_\_  
              Childcare expenses                                \$ \_\_\_\_\_  
              Other charitable contributions                        \$ \_\_\_\_\_  
              Parish contributions                                \$ \_\_\_\_\_  
                          Sub-total deductions                                \$ \_\_\_\_\_

Income considered for Tuition Assistance                                \$ \_\_\_\_\_

Please indicate the reasons why you are applying for tuition assistance (attach additional pages if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents' projected income for 2021: \$ \_\_\_\_\_        If different from 2020, please explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Elementary and secondary tuition paid in 2020-2021:                        \$ \_\_\_\_\_

Total Tuition for 2021-2022:                                \$ \_\_\_\_\_ **REQUIRED**

How much tuition do you feel you can pay this coming year?                        \$ \_\_\_\_\_ **REQUIRED**

Is there court ordered tuition assistance/sharing? If yes, please explain and provide documentation.

**AFFIRMATION**

We certify that all submitted information included on the application is true, correct, and complete to the best of our knowledge. We understand that falsification of income verification could result in the termination of tuition assistance. We agree to notify the CSGK Business Office of any significant changes in our financial situation.

Parent(s) signatures:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**REQUIREMENTS:** Submit tuition assistance application, 2020 Federal Tax Return, W-2's, and any other information to CSGK's confidential address:

CATHOLIC SCHOOLS OF GREATER KALAMAZOO  
PO BOX 534  
PORTAGE, MI 49081-1838

Any questions, please call Michele Buchmann at (269)381-2646, ext. 106 or Melissa Anderegg, ext. 119

---

For CSGK Business office use only

Date Received \_\_\_\_\_ Complete \_\_\_\_\_ Family Notified \_\_\_\_\_