

# ST. PETER'S CATHOLIC SCHOOL TUITION ASSISTANCE APPLICATION

In order to be given consideration for tuition assistance, the attached form must be completed in its entirety. A limited amount of funding is available for tuition assistance. Consequently, all the information on the form, the tax forms and all schedules are necessary to insure that the available funding is distributed in an equitable manner.

Please keep the following in mind:

Applicants must be a member of St. Peter Catholic Church.

- Tuition assistance is granted for only one academic year at a time.
- A new application must be filled out each year for which assistance is being requested. You must complete the enclosed church application and go online to complete the FACTS Tuition Aid Application. No tax forms are needed to accompany the church application.
- The FACTS Application can be obtained online at [www.factstuitionaid.com](http://www.factstuitionaid.com) or the school's website at [www.stpeterscatholicschool.com](http://www.stpeterscatholicschool.com). Please fill it out and submit it online. If you do not have computer access, please contact Jeanne von Lehmden at 752-3529 for assistance.
- **Both applications must be returned by March 1<sup>st</sup>.**
- **Late applications will not be accepted.**

**RETURN APPLICATIONS BY March 1<sup>st</sup>**

**YOU MUST COMPLETE BOTH THE CHURCH APPLICATION AND  
APPLY ONLINE WITH FACTS**

**ST. PETER'S CATHOLIC SCHOOL  
TUITION ASSISTANCE APPLICATION**

Date Submitted: \_\_\_\_\_  
 Assistance Requested for 20\_\_\_\_ / \_\_\_\_ Academic Year

**PART I. DEMOGRAPHICS**

**A.**

Student(s) Name(s)			DOB	Sex	Entering Grade	Church Attended
Last	First	Mi				

**B.**

Parents	Mother's	Father's (if not same as mother)
Name		
Street/PO Box		
City		
State & Zip Code		
Home Telephone		
Registered Church		
Employer		
Street/PO Box		
City		
State & Zip Code		
Work Telephone		
Occupation/Title		

**C.**

Marital Status	Child Lives With
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**D.**

Address School Correspondence To Be Mailed To	
Street / PO Box	
City	
State & Zip Code	

**PART II. OTHER**

- A. Number of dependent children living with you? \_\_\_\_\_
- B. The amount of any agreements specifying educational support for this child? \_\_\_\_\_
- C. Estimate the amount of tuition you can pay monthly? \_\_\_\_\_
- D. Number of volunteer hours you expect to work each week or month ? \_\_\_\_\_
- E. Indicate any special skills or areas of interest for volunteer work. \_\_\_\_\_
- F. Do you anticipate requesting financial assistance again next school year? \_\_\_\_\_
- G. When is the best time to arrange an interview to discuss this request? \_\_\_\_\_
- H. Please explain below, any additional circumstances or facts which should be taken into consideration when evaluating your request for tuition assistance. Please be specific as possible.

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Applicant(s) Signature(s): \_\_\_\_\_  
\_\_\_\_\_

School Administration Use Only – Do Not Write Below This Line

Date	Reviewed By:	Recommendation

**ACTION TAKEN & DATE NOTIFIED:**