

St. Dominic Savio High School

Tuition Assistance Application Form 2010-2011

Before starting to complete this form, please read the General Directions for the Tuition Assistance Application Form. The application deadline is MONDAY, FEBRUARY 22, 2010. Use a pen with black ink. Do not use staples. PLEASE PRINT IN ALL CAPITAL LETTERS.

Student(s) Attending St. Dominic Savio:

_____	_____
_____	_____



Section 1: Heads of Household Information (Parents, Step-parents, Guardians)

1. Did this household submit a Tuition Assistance Application Form last year? Yes No

2. **Male** (1) Last Name (2) First Name (3) M.I. (4) Work Phone Number (5) Birth Year

(6) Relationship to Dependents (choose 1 or more) Parent Step-parent Guardian No Male Head of Household

(7) Work Status (Choose 1 or more) Employed Unemployed Retired Self-Employed Student Disabled

3. **Female** (1) Last Name (2) First Name (3) M.I. (4) Work Phone Number (5) Birth Year

(6) Relationship to Dependents (Choose 1 or more) Parent Step-parent Guardian

(7) Work Status (Choose 1 or more) Employed Unemployed Retired Self-Employed Student Disabled

Section 2: Household Address Information

(1) Street _____ Apt. No. _____ (2) City _____

(3) State _____ (4) Zip _____ (5) Home Phone _____ (6) Cell Phone _____

Section 6: Other Yearly Income

(1) 2009 Interest & Dividends (2) Workers Compensation (3) Unemployment (4) Other _____

Section 7: If you Pay Rent

(1) Monthly Rent (2) Yearly Renter's Insurance

Section 8: Year 2009 Utility Expenses

(1) Electricity (2) Gas, Oil (3) Water, Sewage

Section 9: Assets and Expenses - Home

(1) Year of Purchase (2) Purchase Price (3) Improvements (4) Current Market Value (5) Amount Owed all Loans/Mortgages

(6) Monthly Payments (7) 2009 Property Tax (8) 2009 Home Insurance (9) Type of Dwelling (10) 2009 Rental Income

Single Family Duplex
 4-Plex Other _____

Section 10: Assets and Expenses – Real Estate other than Home

(1) # of Properties (2) Purchase Price of all Properties (3) Cost of Improvements/Additions (4) Current Market Value

(5) Amount Owed all Loans/Mortgages (6) Monthly Debt Payments (7) 2009 Rental Income (8) 2009 Rental Expense

(9) Type of Properties

- Residential Rental Commercial Rental Other _____
 Investment Recreational

Section 11: Assets and Debt – Vehicles *(Start with the most valuable)*

(1) Make/model	(2) Year	(3) Value	(4) Debt	(5) Leased?
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes

Section 13: Medical Expenses *(Not covered by Insurance)*

(1) Name of Doctor/Clinic/Hospital (2) Payments made in 2009

A. _____	<input type="text"/>
B. _____	<input type="text"/>
C. _____	<input type="text"/>
D Prescription Drugs	<input type="text"/>
E. Prescription Eye Wear	<input type="text"/>

Section 16: Alimony and Child Support Payments

(1) # of children supported (2) Child support paid in 2009 (3) Estimated support in 2010

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(4) Alimony paid in 2009 (5) Estimated Alimony 2010

<input type="text"/>	<input type="text"/>
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Section 12: Assets – Cash, Stocks, Securities, etc.

1) Checking, Savings, Cash (2) Stocks, Securities, Bonds

<input type="text"/>	<input type="text"/>
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Section 14: Charitable Giving

(1) Name of Charity (2) 2009 Contribution

1. _____	<input type="text"/>
2. _____	<input type="text"/>
3. _____	<input type="text"/>

Section 15: Day Care and/or Elderly Care

(1) Dependent Name (2) 2009 Payments (3) Est. 2010 Payments

1. _____	<input type="text"/>	<input type="text"/>
2. _____	<input type="text"/>	<input type="text"/>
3. _____	<input type="text"/>	<input type="text"/>

Section 17: Miscellaneous Debt

(1) Credit Card #1 (2) Credit Card #2 (3) Credit Card #3

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(4) Bank Loan (5) Education Loan (6) Other Debt

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 18: List all Tuition Charged by Schools, Including Colleges and Universities for 2010 -2011

School	(1) School name	(2) School City & State	(3) Total Tuition for all dependents	(4) What you can pay
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 19: List all Dependents in the Household (in order of oldest to youngest)

Dependent Number	(1) Last Name	(2) First Name	(3) M.I.	(4) Birth Year	(5) Grade 2010-11
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explain if not listed on your tax return: _____

Section 20: Expenses – Bus, Books, etc. (These should not be included in section 18, item 3. If not known, estimate.)

(1) Dependent Number (from Section 19 above)	(2) Books	(3) Activity Fees	(4) Required Supplies and Uniforms	(5) School Bus	(7) Room and Board	(8) Total
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 21: Special Circumstances *(Check all that apply within the past 12 months.)*

- Your household is expecting another child this year.
- Divorce or separation.
- Your spouse will not cooperate in completing this form.
- Recent death in the family.
- Other Special Circumstances *(Please explain. Use additional sheets if necessary):*
- Loss of job
- Change in work status (reduced hours)
- Severe illness in the household.
- Mental illness, addictions, or other emotional issues in the family

Section 24: Fees for Processing your Application

\$25 Required Processing Fee *(Do not send cash.)*

Make check payable to St. Dominic Savio Catholic High School and mail with application to St. Dominic Savio Catholic High School, Business Office, 9300 Neenah Ave., Austin, TX 78717

Payment Method: *Check* *Money Order* *Certified check*

Section 25: Statement and Signature of Heads of Household *(Please read statement below.)*

I (we) declare that the information on this form is true, correct and complete to the best of our knowledge. I (we) agree, if requested, to send additional information to support statements on this form. THIS FORM MUST BE SIGNED BY ALL HEADS OF HOUSEHOLD.

Male Head of Household Signature

Date

Female Head of Household Signature

Date