



# SAINT JAMES SCHOOL

*Christ-Centered Academic Excellence*

## **REQUEST FOR TUITION ASSISTANCE**

### **PLEASE COMPLETE THIS APPLICATION AND INCLUDE**

- \_\_\_ A copy of your latest US Individual Income Tax Return Form 1040, 1040A or 1040-EZ with ALL applicable schedules, including copies of all 2014 forms.
- \_\_\_ A copy of your most recent paystub(s) showing year-to-date information.
- \_\_\_ A copy of all recent W-2's (if available).
- \_\_\_ Complete documentation for non-taxable income

Send the application documentation to:

Saint James School  
200 S. Finley Avenue  
Basking Ridge, NJ 07920  
Attention: Tuition Assistance

### **PART ONE: Parent/ Guardian Information**

#### **Parent One:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Employment Status \_\_\_ Full time \_\_\_ Part time \_\_\_ Self employed \_\_\_ Not employed \_\_\_ Retired  
\_\_\_ Disabled

Relationship to Dependents \_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Guardian

#### **Parent Two:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Employment Status \_\_\_ Full time \_\_\_ Part time \_\_\_ Self employed \_\_\_ Not employed  
\_\_\_ Retired \_\_\_ Disabled

Relationship to Dependents \_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Guardian

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

**PART TWO: Dependent information**

**Dependent One:**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Grade Fall 2020\_\_\_\_

School Name \_\_\_\_\_ Tuition \_\_\_\_\_ Fin Aid Last Year \_\_\_\_\_

**Dependent Two:**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Grade Fall 2020\_\_\_\_

School Name \_\_\_\_\_ Tuition \_\_\_\_\_ Fin Aid Last Year \_\_\_\_\_

**Dependent Three:**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Grade Fall 2020\_\_\_\_

School Name \_\_\_\_\_ Tuition \_\_\_\_\_ Fin Aid Last Year \_\_\_\_\_

**Dependent Three:**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Grade Fall 2020\_\_\_\_

School Name \_\_\_\_\_ Tuition \_\_\_\_\_ Fin Aid Last Year \_\_\_\_\_

**PART THREE: Family Income**

Total Income 2019 \$ \_\_\_\_\_  
(FROM TAX RETURN)

Adjusted Gross Income \$ \_\_\_\_\_  
(FROM TAX RETURN)

Annual Child Support Received \$ \_\_\_\_\_

Annual Temporary Assistance for Needy Family (TANF) Received \$ \_\_\_\_\_

Annual Supplemental Nutrition Assistance Program (SNAP) Received \$ \_\_\_\_\_

Other Annual Non-Taxable Income Received \$ \_\_\_\_\_  
(i.e. Housing Assistance, clergy/military, friends/family etc.)

**PART FOUR: Income Changes for 2020**

Are you expecting a change in TOTAL family income from the 2019 tax year? \_\_\_\_ yes \_\_\_\_no

If YES, please complete the remainder of this section:

Annual amount of INCREASE \$ \_\_\_\_\_

Please indicate the reason(s) for your increase in income. Mark all that apply.

\_\_\_\_ New Job \_\_\_\_ Increased Hours  
\_\_\_\_ Same Job with Higher income \_\_\_\_ Recently Married  
\_\_\_\_ Other- please explain \_\_\_\_\_

Annual amount of DECREASE \$ \_\_\_\_\_

Please indicate the reason(s) for your decrease in income. Mark all that apply.

\_\_\_\_ Job Loss \_\_\_\_ Reduction in Hours \_\_\_\_ New Job with Lower Income  
\_\_\_\_ Retirement \_\_\_\_ Divorce/Separation \_\_\_\_ Death of a Spouse  
\_\_\_\_ Illness/injury \_\_\_\_ Other- please explain \_\_\_\_\_

**PART FIVE: Family Assets/Debt**

Cash on Hand (checking, savings as of 3/31/2020) \$ \_\_\_\_\_

Stocks, Bonds, Investments \$ \_\_\_\_\_  
(Do NOT include retirement accounts such as 401(k) or IRA)

If You Own Your Home: Current Market Value \$ \_\_\_\_\_

Mortgage Balance \$ \_\_\_\_\_

Values of Any other Property \$ \_\_\_\_\_  
\_\_\_\_ Second Home \_\_\_\_ Rental Property \_\_\_\_ Other

Amount Still owed on These Properties \$ \_\_\_\_\_

Number of Vehicles (owned or leased) \$ \_\_\_\_\_

Monthly Vehicle Payments \$ \_\_\_\_\_

Total Annual Vehicle Insurance \$ \_\_\_\_\_

Credit Card Debt \$ \_\_\_\_\_

Monthly Credit Card Payments \$ \_\_\_\_\_

Other Debt \$ \_\_\_\_\_

**PART SIX: Expenses**

Monthly mortgage/rent payments \$ \_\_\_\_\_

Student Loan Balance \$ \_\_\_\_\_

Monthly Gas/Electric/Oil \$ \_\_\_\_\_

Student Loan Payment \$ \_\_\_\_\_

**YEARLY EXPENSES FOR 2020:**

Homeowners/renters insurance \$ \_\_\_\_\_

Child Support Payments \$ \_\_\_\_\_

(Made by you to another household)

Taxes Paid on Home \$ \_\_\_\_\_

Alimony Paid by You \$ \_\_\_\_\_

Unreimbursed Medical/Dental \$ \_\_\_\_\_

Total Federal Income Tax \$ \_\_\_\_\_

(FROM TAX RETURN)

Day Care Expenses \$ \_\_\_\_\_

Total State Income Tax \$ \_\_\_\_\_

Charitable Contributions (cash only) \$ \_\_\_\_\_

**PART SEVEN: Special Circumstances**

Please select all that apply

\_\_\_\_\_ Divorce/Separation \_\_\_\_\_ Family Illness/Injury

\_\_\_\_\_ Bankruptcy \_\_\_\_\_ Financial Support from Family/Friends

\_\_\_\_\_ Parent/ Guardian is disabled \_\_\_\_\_ Financial Support to Grandparent/Relative

\_\_\_\_\_ Parent is a Student \_\_\_\_\_ See Note Below

Use the space below or attach a separate page to describe any additional special circumstances that may affect your eligibility for tuition assistance.

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**PLEASE INDICATE THE APPROXIMATE AMOUNT OF FINANCIAL ASSISTANCE YOU ARE SEEKING \$\_\_\_\_\_**

**PART EIGHT: Signature**

I declare that the information on this form is, to the best of my knowledge, complete and accurate. I agree, if requested, to send additional information to support or verify statements on this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**INFORMATION CONTAINED HEREIN IS FOR SAINT JAMES SCHOOL USE ONLY  
AND WILL NOT BE SHARED WITH ANY OUTSIDE AGENCIES.**