

*Our Lady of the Gulf Catholic School*  
*Tuition Assistance Application*  
*for Family*



*2020 - 2021*

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↓ **FOR SCHOOL OFFICE USE ONLY** ↓

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

Date Application Received: \_\_\_\_\_

- Complete
- Incomplete
- Returned for info

TA Review Round: \_\_\_\_\_

Actual Tuition: \_\_\_\_\_

Approved TA Amount \$ \_\_\_\_\_

Disapproved

**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**

**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	<input type="checkbox"/> Deceased	<input type="checkbox"/> Separated

**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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