



**ST. ELIZABETH SETON SCHOOL
TUITION FOR THE 2022-2023 SCHOOL YEAR**

I plan to send my child/children to St. Elizabeth Seton School during the 2022-2023 school year.

Please check funds applying to:

SESS Tuition Program
Date: _____
Aid Received \$ _____

The Basic Fund
Date: _____ % _____
Aid Received \$ _____

Diocese of San Jose/GAP
Date: _____
Aid Received \$ _____

Archdiocese of San Francisco
Date: _____
Aid Received \$ _____

Othe Funds (The Baracchi Fund, B&I Fund, Hernandez Fund, Mabel B. Wright, and Shultz)
Date: _____
Aid Received \$ _____

TOTAL AIDS _____
TUITION ASSESSED\$ _____

Office Use Only

STUDENTS

<u>First Name</u>	<u>Last Name</u>	<u>(Grade Fall 2022)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Tuition for the 2022-2023 School Year</u>		
TUITION FEES		COST BEFORE DISCOUNT
1 child	\$ 7,000.00	\$ 17,000.00 59% Savings.
2 children	\$ 12,600.00	\$ 34,000.00 63% Savings.
3 children	\$ 17,850.00	\$ 51,000.00 65% Savings
4 or more children	\$ 22,680.00	\$ 68,000.00 67% Savings

(Actual cost per pupil for the 2021-2022 school year was **\$17,000.00**)

I will have _____ children in St. Elizabeth Seton School during the school year 2022-2023. It is my understanding that if I do not receive additional financial aid, the tuition payment for my child/children will be \$ _____.

Yes, I am able to pay the Full Tuition amount for school year 2022-2023.

No, I am unable to pay the Tuition fee and request further financial assistance. I am able to pay \$ _____ per year for the 2022-2023 tuition fees for my child/children. If you are unable to pay the tuition fees listed above, please complete the Basic Fund application, San Jose Diocese and San Francisco Archdiocese applications and attach the required documents. Return each application to the school office before the school designated deadlines. Please check with the school office for applications and application deadlines. I understand that my application does not guarantee that the additional financial aid will be granted. .

Signature of applicant _____ Date _____
Please print your First and Last Name _____ Phone _____

This form must be completed and signed for all students enrolled at St. Elizabeth Seton School for the 2022-2023 school year. If no further tuition assistance is needed, do not complete the attached forms. Sign this form and return to office no later than March 1, 2022. If you are requesting additional tuition assistance please complete and return the attached forms with the required documents by March 1, 2022. *If forms are not returned by this date, you will be assessed full tuition.*

ST. ELIZABETH SETON SCHOOL 2022-2023

How many children under age 18 live with you that you support? _____ (1)
 Girls' ages: _____ Boys' ages: _____

How many adults live with you in your immediate family? _____ (2)
 (include yourself, spouse, grandparents, adult brothers/sisters, others)

Student's mother _____ Student's father _____ Student's grandparents _____
 Adult brothers/sisters _____ Other adults _____ Total Household Size(1)+(2) _____

Who does the child live with? Father _____ Mother _____ Both _____
 Marital Status: Single _____ Married _____ Living Together _____ Separated _____
 If separated who has legal custody: Father _____ Mother _____ Other _____
 Mother's Email _____ Father's Email _____
 Occupation: Father _____ Employer _____
 Address _____ Phone # _____
 Occupation: Mother _____ Employer _____
 Address _____ Phone # _____

1. How many of the above adults contribute to the support of your family? List them below.
 List both you and your spouse regardless of income.

First Name	Last Name	Relation to SESS Children	Type of Work	Monthly Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Tuition Assistance Questionnaire -Monthly Income

2. Other Income, not listed above. Enter monthly amount **Total, each row**

Welfare (AFDC)(TANF) _____ Value of Food Stamps _____ Value of W.I.C _____ \$ _____

Pension _____ Social Security _____ S.S.I. _____ Unemployment Income _____ \$ _____

Disability Income _____ Foster Care _____ Child Support _____ Workers Comp _____ \$ _____

Income from Relatives _____ Other Income _____ From what source? _____ \$ _____

Add Total Monthly Income from questions 1 & 2 \$ _____

CARS: How many cars does your family own? _____

<u>Year</u>	<u>Make & Model</u>	<u>Year Purchased</u>	<u>Cost when Purchased</u>	<u>Current Value</u>
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____

How much is your Bank Balance? \$ _____ Your IRA and Security Funds Balance? \$ _____

Do you own your home? ___ Yes ___ No

Do you own other property? ___ Yes ___ No

Market Value of home _____

Market Value of other property _____

Year Purchased _____

Year Purchased _____

How much do you owe now? _____

How much do you owe now? _____

MONTHLY EXPENSES

Monthly Rent _____

Monthly Mortgage Payment _____

Do you receive monthly payments for renting a room(s) or your garage to another person/family? If so, how much do you receive each month _____.

Do you receive a housing subsidy or Section 8? ___ Yes ___ No

Monthly house Taxes and Insurance _____

Medical Insurance _____

Car Insurance _____

Car Payments _____

Cable TV _____

Child Care _____

Medical Bills _____

Other school tuition payments per month (not St. Elizabeth Seton School) _____

What School _____

Explain other important monthly expenses (family members outside of the household, child support, etc.)

\$ _____ for _____ \$ _____ For _____ \$ _____ For _____

\$ _____ for _____ \$ _____ For _____ \$ _____ For _____

Because our family has limited income and we have reduced expenses to the bare minimum, we cannot afford the full 2022-2023 St. Elizabeth Seton tuition of \$ _____ per year. I, therefore, request that enrollment for the coming year be allowed for a payment of \$ _____ per year. I will cooperate with the St. Elizabeth Seton School Finance Committee in its efforts to verify our need.

*(In order to receive assistance, you must submit copies of the 2021 Federal Tax Returns for all persons who contribute to the support of the family. **You must also include whichever of the Federal Tax Schedules A, B, C, D and E that are needed for each of these returns. Even if you and your spouse file income taxes separately, you must provide us with a copy of both parties.**)*

If you do not file income taxes, please explain why and include other proof of income that you have available (such as W2 forms, 1099 forms, Welfare reports, letters from employer, etc.)

Signed _____ Date _____

Name(please print) _____ Phone _____

Address _____ City _____ Zip Code _____