



**TUITION ASSISTANCE
2024-2025 SCHOOL YEAR**

STUDENTS

<u>First Name</u>	<u>Last Name</u>	<u>(Grade Fall 2024)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family applying to the following Funds: Office Use Only

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 \$ _____

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

TOTAL AIDS _____
TUITION ASSESSED \$ _____

I will have _____ children in St. Elizabeth Seton School during the school year 2024-2025. It is my understanding that if I do not receive additional financial aid, the tuition payment for my child/children will be **\$17,500.00 per child.**

_____ **Yes, I am able to pay the Full Tuition amount for school year 2024-2025.**

_____ **No, I am unable to pay the Tuition fee and request further financial assistance. I am able to pay \$ _____ per year for the 2024-2025 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 2024-2025 school year. If no further tuition assistance is needed, do not complete Part II and III. Sign this form and return to office no later than February 15, 2024. If you are requesting additional tuition assistance please complete and return the attached forms with the required documents by March 1, 2024. *If forms are not returned by this date, you will be assessed full tuition. Incomplete forms will not be accepted.*

Part I

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 _____ Joint/Other _____

Mother's Email _____ Father's Email _____

Occupation: Father _____ Employer _____

Address _____ Phone # _____

Occupation: Mother _____ Employer _____

Address _____ Phone # _____

TUITION ASSISTANCE QUESTIONNAIRE

Monthly Income

Part II

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Other monthly Income, not listed above, 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 _____	_____	_____	_____	_____

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

Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own other property? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Part III

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 _____

*(In order to receive assistance, you must submit copies of the 2023 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.)