



**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 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_

**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.

Table with 5 columns: 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? Table with 5 columns: Year, Make & Model, Year Purchased, Cost when Purchased, Current Value

How much is your Bank Balance? \$ Your IRA and Security Funds Balance? \$ Do you own your home? Yes No Market Value of home Year Purchased How much do you owe now? Do you own other property? Yes No Market Value of other property Year Purchased 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 Cable TV Car Insurance Child Care Car Payments 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.)