



## Tuition Assistance Application Education Opportunity Grant

- Lansing Catholic High School (LCHS) is committed to providing tuition assistance for those families who require it. Any school family may apply for tuition assistance. All grants are based on financial need.
- All requests for tuition assistance must be on this standard form and must be accompanied by a complete copy of your most recent Form 1040 Federal Tax Return. All applications must be filled out completely and returned to the Tuition/Financial Aid Office as soon as possible. **Due Date: April 1, 2009.**
- Applications are reviewed by the Tuition/Financial Aid Advisor. Total family income, family size, number of students attending Lansing Catholic or area Catholic elementary schools, and other factors affecting family finances are considered. Grant distributions are approved by the Finance Committee.
- Every effort is made to preserve the confidentiality of all financial information. The Finance Committee approval is based on financial information provided without knowledge of the family name. That information is known only to the Tuition/Financial Aid Advisor.
- All tuition assistance grants are made for one (1) year only. New applications must be completed each year.
- Lansing Catholic's Tuition/Financial Aid Office may contact the previous school regarding tuition status.
- Lansing Catholic may adjust the amount of the award granted if the applicant receives tuition assistance funding from other sources.
- Families receiving assistance are encouraged to participate in any tuition reduction programs that may be available (T.R.I.P. , Meijer Community Rewards, etc...).
- If you have any questions or concerns, please contact Tuition/Financial Aid Advisor, Kris Kazmirzack at 267-2107 or via email at [kazmirzack@lansingcatholic.org](mailto:kazmirzack@lansingcatholic.org)

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Office Use Only:

Date application received \_\_\_\_\_

Amount of assistance granted \_\_\_\_\_

Date of review \_\_\_\_\_

Date applicant notified \_\_\_\_\_

**\*\*\* Please complete this application only if you require financial aid. \*\*\***

|  |   |
|--|---|
| <p>1. <u>Father, stepfather, male guardian</u> (circle one)</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home phone _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work phone _____</p> | <p><u>Mother, stepmother, female guardian</u> (circle one)</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home phone _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work phone _____</p> |
|--|---|

2. Parents' marital status:     Single     Married     Separated     Divorced     Widowed  
 If divorced, who has legal custody of dependants? \_\_\_\_\_

3. Are you a member of a local parish? Name of parish \_\_\_\_\_  
 Do you qualify for a parish subsidy (inquire at your parish office)? \_\_\_\_\_

4. Have you signed up to participate in T.R.I.P.(tuition reduction incentive program)? \_\_\_\_\_

5. List **all** dependants:

| Name  | Grade 09/10 | School Attending 09/10 | School Attended 08/09 |
|-------|-------------|------------------------|-----------------------|
| _____ | _____       | _____                  | _____                 |
| _____ | _____       | _____                  | _____                 |
| _____ | _____       | _____                  | _____                 |
| _____ | _____       | _____                  | _____                 |

6. Family Income (Amount and Source)

|  |       |
|--|-------|
| Yearly income of father, stepfather or male guardian           | _____ |
| Yearly income of mother, stepmother or female guardian         | _____ |
| Unemployment Benefits  | _____ |
| Disability, Social Security, Worker's Compensation, Retirement | _____ |
| Public Assistance (ADC, Welfare, Food Stamps, etc...)          | _____ |
| Child support and/or alimony                                   | _____ |
| Other Income (please explain)                                  | _____ |

7. Please share any additional information or circumstances that you would like to have considered in regard to your request for financial aid (attach a separate sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Total amount of assistance you are requesting \_\_\_\_\_

9. Monthly payment amount you feel you can pay \_\_\_\_\_

**I/We certify that the above information is correct and complete to the best of my/our knowledge. I/We have also attached a complete and exact copy of my/our 2008 Form 1040 Federal Income Tax Return.**

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_