



SALESIAN HIGH SCHOOL

FINANCIAL TUITION ASSISTANCE APPLICATION FOR THE 2008-2009 SCHOOL YEAR

COMPLETED APPLICATIONS DUE DECEMBER 14, 2007

Submitting your application after December 14, 2007 will jeopardize your opportunity to receive financial tuition assistance.

NAME OF STUDENT _____ GRADE IN 2008-2009 9, 10, 11, 12

NAME OF STUDENT _____ GRADE IN 2008-2009 9, 10, 11, 12

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Name of parent(s)/guardian(s) _____

Marital status: single ___ married ___ separated/divorced* ___ widowed ___

* if divorced or separated, individual applications are required from each parent financially responsible for the student.

New application ___ renewal ___ prior year grant amount \$ _____

Has your child been a Guardsmen Scholarship recipient? Yes No

PARENT INCOME INFORMATION

Monthly Income from ALL SOURCES

Gross Monthly Amount

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Male Guardian	Gross Monthly Income	\$ _____
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Female Guardian	Gross Monthly Income	\$ _____
	TOTAL Gross Monthly Income	\$ _____
	Income From Monthly Alimony	\$ _____
	Income From Monthly Child Support	\$ _____
Other Contributions For Student's Education (From Whom _____)		\$ _____

Other Family Income

Legacy or trust fund	\$ _____
Contributions from relatives	\$ _____
Income property	\$ _____
Location: _____	
Market value: \$ _____	
Worker's Compensation Income	\$ _____
Previous Year WC Income	\$ _____
Social Security Income	\$ _____
Other Income Sources	\$ _____
Total Gross Monthly Income	\$ _____

Banking Relationships

Father Step-Father Male Guardian

Checking Acct Bank Name _____	Current Balance \$ _____
Savings Acct Bank Name _____	Current Balance \$ _____

Mother Step-Mother Female Guardian

Checking Acct Bank Name _____	Current Balance \$ _____
Savings Acct Bank Name _____	Current Balance \$ _____

Student

Checking Acct Bank Name _____	Current Balance \$ _____
Savings Acct Bank Name _____	Current Balance \$ _____

Retirement & Other Savings

Please indicate owner of the accounts listed: F= Father M = Mother S = Student

<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> S	Financial Institution	Type of Account (Including Stock Savings)	Total Amount \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPENSE INFORMATION

List all creditors; describe goods and services for which payment is required. State monthly payment as well as the total owed. Please list whole dollar amounts.

<u>CREDITOR NAME</u>	<u>GOODS OR SERVICES</u>	<u>TOTAL OWED</u>	<u>MNTHLY PYMT/AMT</u>
_____	RENT OR MORTGAGE	\$ _____	\$ _____
_____	INSURANCE (HOME & OTHER)	\$ _____	\$ _____
_____	ALIMONY/CHILD SUPPORT	\$ _____	\$ _____
_____	UTILITIES	\$ _____	\$ _____
_____	CAR PAYMENTS	\$ _____	\$ _____
_____	FOOD		\$ _____
_____	CLOTHING	\$ _____	\$ _____
_____	PROPERTY TAXES	\$ _____	\$ _____
_____	MEDICAL EXPENSES	\$ _____	\$ _____
_____	DENTAL EXPENSES	\$ _____	\$ _____
_____	CREDIT CARD (NAME)	\$ _____	\$ _____
_____	CREDIT CARD (NAME)	\$ _____	\$ _____
_____	CREDIT CARD (NAME)	\$ _____	\$ _____
	TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

EXTRA MEDICAL EXPENSES

List below any medical expenses not included above and not covered by medical insurance.

<u>Description</u>	<u>Amount</u>	<u>Description</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

List Any Additional Extraordinary Expenses: _____ \$ _____

INCOME & EXPENSE SUMMARY:

Total Monthly Income	\$ _____
Total Monthly Expenses	\$ _____
Available Monthly Income	\$ _____

Based on all of the information provided regarding income, expenses, and special circumstances, **how much tuition do you believe you can afford to pay Salesian High School each month?**

THIS LINE MUST BE FILLED IN \$ _____

REAL ESTATE

Do you rent or own your home? _____ If owned, what was the purchase price? \$ _____ year _____

Current loan balance \$ _____ Estimated current market value \$ _____

Do you own other real estate? _____ Type _____ Total purchase price \$ _____

Current loan balance \$ _____

OTHER ASSETS

List all family automobiles, trucks, RV's, boats, etc and the primary driver of each. Also list vehicles **not** owned but regularly driven by you or your family.

MODEL	MAKE	YEAR	DRIVER

DEPENDENTS AND EDUCATIONAL EXPENSES

Please complete the following for all of your children. Including your SHS student and any other dependents you have (grandparents, etc.) **living in your home** and/or that you will claim as tax exemptions this year.

Name Of Dependent	Age	School/College	Tuition	Books/Fees	Other Costs

Are you applying for financial assistance from schools attended by other dependents? Y / N

Please indicate below any grants you will receive for the 2008-2009 school year. _____

Did you pay the entire cost of education for your children last year? Y / N

If not, please indicate below all assistance or support your children received. Include scholarships, student earnings for education, assistance from relatives, friends, parish or church groups, and separated or divorced parents.

INCOME TAX RETURNS

Please attach a photocopy of your 2006 federal and state tax returns (unless you are already receiving aid for the current school year and have already submitted current tax forms.) Please provide copies of all W-2's as well. These are required for evaluation of your application. Any delay in providing W-2's or completed tax returns will delay consideration of your application. If your most recent return is on extension, provide a copy of that extension request.

These additional items are required, once available, in order to complete the application process:

- **Copies of your 2007 tax returns, when completed**
- **Completed PSAS (Family Aid-Catholic Education) application (will be available in January 2008)**

STUDENT CONFIRMATION

I declare and understand that I will fulfill all requirements as listed in the Student-Family Handbook which include maintaining a 2.0 grade point average throughout the 2008-2009 school year. If I am unable to fulfill these requirements I will relinquish the tuition assistance that has been granted to my family.

Student Signature _____ Date _____

Student Signature _____ Date _____

Student Signature _____ Date _____

PARENTS' CERTIFICATION AND AUTHORIZATION

I/We declare and certify that all the information I/we have provided in this financial tuition assistance application is, to the best of my/our knowledge, accurate and complete. Furthermore, I/we authorize Salesian High School in Richmond, CA, to verify any and all of the information I/we have herein reported by any means necessary, including but not restricted to obtaining credit reports, verifying employment and verifying credit account balances.

I/We understand that the penalty for incomplete or inaccurate reporting, as required in this form, will obligate me/us to pay full tuition and any fees for the year. In addition, I/we agree to pay any financial obligation to Salesian not covered by tuition assistance in a timely fashion as promised in the tuition contract.

SIGNATURES

Father/step-father/male guardian _____ Date _____

Mother/step-mother/female guardian _____ Date _____