

Due Date: March 1, 2010

(St. Mark Church Use Only)

Family Code No. _____

Priority Index No. _____

Application No. _____

St. Mark Church

30 Melvin Ave.
Catonsville, MD 21228
(410) 744-6560

TUITION ASSISTANCE APPLICATION FORM 2010-2011 SCHOOL YEAR

Part 1: Personal Information (See Instructions)

Person Submitting Application: _____

Address: _____

Phone Numbers Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

	Grade 2010-2011
Name(s) of Student(s) _____	_____
to be attending _____	_____
St. Mark School _____	_____
in 2010-2011 _____	_____

Please answer the following questions about the student's household:

1. Student's parents are currently: Married___ Divorced___ Separated___ Widowed___ Single___
2. Student lives with: Both Parents___ Mother___ Father___ Other (Explain)_____

Are you a registered, **active** parishioner for **more than one year**? Yes___ No___

Do you and your children attend **weekly Mass at St. Mark**? Yes___ No___

Do you currently volunteer at St. Mark School? Yes___ No___

If **Yes**, in what capacity? _____

We have been envelope-using parish members since _____ Envelope No. _____

Amount of tuition assistance received from St. Mark last year \$ _____

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**A signed copy of your 2009 Federal Income Tax Return with supporting schedules and copies of W-2 forms MUST accompany this application. If your Tax Return is not completed by the filing deadline, submit your 2008 Tax Return and copies of your 2009 W-2 Forms with this application. All financial aid grants will be contingent upon receipt of your 2009 Tax Return. Any family failing to comply with rules governing "Parishioner Status" (i.e. envelope use and attendance at St. Mark Church 40 out of 52 weeks per year) risks forfeiting both the Parishioner Rate and any Tuition Assistance granted for the remainder of the school year.**

**Part 2: Household Information**

a. Dependent Children

| Name  | Age   | School | Tuition Plus Fees | Aide/Scholarships Received |
|-------|-------|--------|-------------------|----------------------------|
| _____ | _____ | _____  | _____             | _____                      |
| _____ | _____ | _____  | _____             | _____                      |
| _____ | _____ | _____  | _____             | _____                      |
| _____ | _____ | _____  | _____             | _____                      |
| _____ | _____ | _____  | _____             | _____                      |

b. Other Dependent(s)

| Name  | Age   | Relationship | Reason for dependent status |
|-------|-------|--------------|-----------------------------|
| _____ | _____ | _____        | _____                       |
| _____ | _____ | _____        | _____                       |

**Part 3: Financial Information**

- a. Cash, savings and checking account values \_\_\_\_\_
- b. Other real estate and investment values \_\_\_\_\_
- c. Number of cars \_\_\_\_\_ and values \_\_\_\_\_
- d. Monthly car loan payments \_\_\_\_\_
- e. Monthly mortgage payment \_\_\_\_\_
- f. Monthly rent payment \_\_\_\_\_
- g. Other monthly debt payments \_\_\_\_\_
- h. If you own home, year purchased \_\_\_\_\_ and value \_\_\_\_\_

Taxable Income:

i. 2009 Adjusted Gross Income from **attached** Federal Tax Return  
(Form 1040 line 37; 1040-A line 21 or Form 1040EZ line 4) \$ \_\_\_\_\_

Non-Taxable Income:

- j. Child Support received \_\_\_\_\_
- k. 401 (k) and 403 (b) Pension plans pre-taxed amount \_\_\_\_\_
- l. Section 125 Benefit plans – pre-taxed amount \_\_\_\_\_
- m. Aide to families w/dependent children-AFDC/ADC \_\_\_\_\_
- n. Workers Compensation \_\_\_\_\_
- o. Disability Insurance Benefits \_\_\_\_\_
- p. Social Security Benefits (non-taxable) \_\_\_\_\_
- q. Housing, food and living allowances paid to military & others \_\_\_\_\_
- r. Veterans non-educational benefits \_\_\_\_\_
- s. Other non-taxable income (list type & amount)  
\_\_\_\_\_  
\_\_\_\_\_

**Part 4: Extraordinary Expenses**

Use this space to list extraordinary family expenses such as medical expenses, support of other dependents, etc. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 5: Statement of Need and Special Circumstances**

Use this space to explain why you need tuition assistance as well as any special or unusual circumstances. If applicable, include explanations for any conflicting information between Tax Return and data contained in this application. **(This section must be filled in or Financial Aid will NOT be given!)**

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**Part 6: Certification**

"I hereby certify that all of the information on this form and all supplemental information attached are true and complete to the best of my knowledge."

\_\_\_\_\_  
Father/Stepfather/Guardian

\_\_\_\_\_  
Mother/Stepmother/Guardian

\_\_\_\_\_  
Other Person(s) Financially Responsible

\_\_\_\_\_  
Other Person(s) Financially Responsible

*Any form submitted without signature(s) will be returned unprocessed.*



**INSTRUCTIONS**

**GENERAL**

Attach a **full** signed copy of your Federal Income Tax Return, including schedules and W-2 forms. No application will be processed without these documents. Take the time to fill in the entire form. Use Parts 4 and 5 with specific information and dollar amounts. Use the back of the form if more space is needed.

**RETURN IN A SEALED ENVELOPE TO:**

St. Mark Parish Center  
Tuition Assistance Committee  
30 Melvin Avenue  
Catonsville, MD 21228

**PERSONAL INFORMATION**

**NAME OF STUDENT(S):** Include the first and last name of each of the students Who will be attending St. Mark School. Indicate the grade of the student after each name.

**FATHER'S NAME:** If more than one name is required (e.g. two of the students have different fathers), indicate and explain in Part. 5.

**MOTHER'S NAME:** Use the same guidelines as "FATHER'S NAME"

**All applications are held in strict confidence!**