



Diocese of St. Petersburg

School-Based Tuition Assistance Application

School year 20_____ - 20_____

- 1. Name of Parent(s)/Guardian(s) _____
- 2. Email and Phone contact _____
- 3. Student is Catholic Yes No
- 4. If yes to #3, please list family's parish affiliation _____
- 5. Name(s) and current grade level of students attending this Catholic School _____

- 6. How many people are there in your household? _____
- 7. Do you have additional children in other Catholic schools in the Diocese? Yes No
- 8. If you answered Yes to question 7, please list their names, grades, and schools _____

- 9. Do you have children in college that you are supporting? Yes No
- 10. If yes to question 9, how many children in college? _____

I affirm that I have checked the Florida Tax Credit (FTC) Scholarship website <https://www.edchoice.org/school-choice/programs/florida-tax-credit-scholarship-program/> and I am not eligible to receive an FTC Scholarship for the upcoming school year.

Please initial _____

OR

I have applied for and plan on receiving an FTC Scholarship for the upcoming school year.

Please initial _____

- 11. Do you plan to receive any other scholarships or other forms of tuition assistance from any source? Yes No
- 12. If yes to question 11, please explain the source and amount of tuition assistance.

- 13. Does your child receive free or reduced lunches, breakfasts, snacks or milk at their school(s)?
- Yes No

14. Is your family receiving or eligible for the Supplemental Nutrition Assistance Program (SNAP) i.e. food stamps? Yes No

15. Our family's household income last year was:

(Please check one)

_____ Less than \$50,000 per year

_____ Between \$50,001 and \$100,000 per year

_____ Between \$100,001 and \$150,000 per year

_____ Between \$150,001 and 200,000 per year

_____ Between \$200,001 and \$250,000 per year

_____ Between \$250,001 and \$300,000 per year

_____ More than \$300,001 per year

16. Please explain any special circumstances (medical expenses, care for an elderly parent, recent loss of employment, etc.) you believe are relevant to the review committee. You may attach additional information if necessary.

Please note that all applications may be subject to income verification. All decisions regarding tuition assistance are made by the school's review committee and are final.

I attest that the information I provided is true and accurate to the best of my knowledge.

Person filling out this form

Date