

## Christ King Parish Grade School Tuition Assistance Application

**Financial Need Information:**

The financial need for the Tuition Assistance Program of Christ King Parish is based on 175% of the government established standard of poverty. Additional allowances will be made only for those families having documentation of excessive medical expenses or other unusual circumstances.

The 2022 limits on gross income from all sources are:

<u>Household Size</u>	<u>Household income</u>	<u>Household Size</u>	<u>Household income</u>
2	\$32,042	6	\$65,082
3	\$40,302	7	\$73,342
4	\$48,562	8	\$81,602
5	\$56,822		

**Student and family information:**

Applicant's Family Name \_\_\_\_\_ Telephone \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

# of Households : \_\_\_1\_\_\_ \_\_\_2\_\_\_ \_\_\_More\_\_\_

Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed \_\_\_

Religious Affiliation \_\_\_\_\_ Church affiliation \_\_\_\_\_

Church Attendance at Christ King: Weekly \_\_\_ As able \_\_\_ Do not attend Christ King \_\_\_

Volunteer Activities at Christ King: \_\_\_\_\_

Household size (list student applicants plus brothers and sisters financially dependent on the family):

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Financial Information:**

Do you own your home? Yes / No                      Market value? \$ \_\_\_\_\_

Did you file a 2021 Tax return: Yes / No

\*\*\* Please include a copy of 2021 tax return with this application. \*\*\*

Gross monthly wages	Family member	Employer/occupation	Actual 2021	Estimated 2022
\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	_____	_____	\$ _____	\$ _____

All other sources and amounts of 2021 family income (SSI, AFDC, Child Support, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**List approximate monthly expenses:**

Food: \_\_\_\_\_

Property Rent/Mortgage: \_\_\_\_\_                      Property Insurance: \_\_\_\_\_

Car Payment: \_\_\_\_\_                      Auto Insurance: \_\_\_\_\_

UTILITIES: Gas: \_\_\_\_\_                      Electric: \_\_\_\_\_                      Water: \_\_\_\_\_

Telephone/ Mobile: \_\_\_\_\_                      Internet/Cable-Satellite TV: \_\_\_\_\_

HEALTH:

Medical: \_\_\_\_\_                      Dental: \_\_\_\_\_                      Vision: \_\_\_\_\_                      Other: \_\_\_\_\_

Subscriptions: \_\_\_\_\_

Other \_\_\_\_\_

**Return this form and your most recent federal and state tax returns to:**

Director of Administrative Services  
Christ King Parish  
2604 N. Swan Blvd.  
Wauwatosa, WI 53226

Note: Personally Identifiable Information will be protected in accordance with the Privacy Act of 1974