



**BLESSED TRINITY CATHOLIC SCHOOL  
TUITION ASSISTANCE APPLICATION FORM**

SCHOOL YEAR 20\_\_\_\_\_ - 20\_\_\_\_\_

Please fill out completely and return to the school offices. If you need additional space please attach a separate sheet with any additional information regarding your family situation.

**Blessed Trinity Student(s):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City, State, Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Please list all who reside at this address and relationship to the student(s)**

| Last Name  | First Name | Relationship to Student (s) |
|--|------------|-----------------------------|
| 1.   |            |                             |
| 2.   |            |                             |
| 3.   |            |                             |
| 4.   |            |                             |
| 5.   |            |                             |
| 6.   |            |                             |
| <b>Total Number of People in Household Including BT Students</b> |            |                             |

*Please attach another page if more is needed*

Amount you feel you can pay towards your tuition balance at Blessed Trinity \_\_\_\_\_ per \_\_\_\_\_

Gross Monthly Earnings:      Employment Earnings \_\_\_\_\_      Business Income \_\_\_\_\_

Child Support \_\_\_\_\_      Other Income \_\_\_\_\_

Monthly Household Expenses:

|                      |  |
|----------------------|--|
| Rent/Mortgage _____  | Telephone _____  |
| Electricity _____    | Cable/Internet _____                                       |
| Heat _____           | Groceries/Food _____                                       |
| Water/Sewer _____    | Household _____ (i.e. clothing, household items, etc)      |
| Auto Payment _____   | Tuition Payment _____      School _____      Student _____ |
| Auto Insurance _____ | Tuition Payment _____      School _____      Student _____ |
| Gasoline _____       | Other Expenses _____      Please List _____                |

I certify that all the information on this form is true and complete to the best of my knowledge. I agree to provide Blessed Trinity Catholic School additional information to support information on this form if requested. I also realize that if I do not give proof when asked or if falsified information on this form, my student(s) may not be considered for assistance. I also am aware that the assistance is for the current year and will not cover past due balances.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional Information Required for Consideration if not already submitted

Completed TADS Application for Current Year

Copy of most recent Tax Return (if not submitted with TADS) or a copy of a current paystub