St. Mary Catholic School

A Ministry of Holy Cross Catholic Church 2184 Queen Street Christiansted, V.I. 00820-4848 340-643-5915 Fax 340-773-1166

TUITION ASSISTANCE APPLICATION 2024-2025 SCHOOL YEAR

Please complete the application and be sure to print clearly. If any information is missing, the application may not be considered. This application must be returned by May 31, 2024. To ensure confidentiality please return application in a sealed envelope. Due to shortage of office staff, no photocopying of documents will be permitted in the office.

A limited amount of tuition assistance is available for families of new and returning St. Mary students. The following factors will be considered in determining eligibility for a needs-based scholarship: the family's financial situation, the student's behavior, and a required minimum C average. Recipients' status will be reviewed each semester. If academic or behavior problems arise, tuition assistance may be rescinded. This application form and its supporting documents are required in order for a student to be considered for tuition assistance. You may use this form to apply for up to 3 students from the family. Copies of the most recent documents to support household income, to include tax return(s) and W-2 form(s), must be submitted with this application. A letter of recommendation from the student's current school principal or counselor must also be submitted with this application. Please be advised that you may be requested to come in for an interview with the Financial Aid Committee.

Student's Name/s	Sex	Religious or Civid	Activities	Grade in 2020-2021
Is/are the student (s) currently attend	ding St. Mary'	s?Yes	No	
If no, what school is/are the student/ Please Note: If the student(s) is/are n accompany this application.	_		an official co	py of transcripts must
Is/are the student(s) a US Citizen(s) o If not, what is the country of citizensh				
Religious faith practiced by family		Church/Parish aff	iliation	

Household Informa				
Priysical Address				
Telephone Numbers:	Daytime:		Evening:	
Father Parents/Guardians:			Mother	
Occupation: Employer:				
Employer's Telephone Employer's Address:		<u>-</u>		
How many in your hou Please list their age ar Age:	usehold are currently nd school: School:	attending schoo	egal dependents? I?	
Age	301001			_
Monthly Household II	ncome and Expenses		Househo	old Assets
	other financial assist	ance? \$\$	last three most i 1. Bank :	 as of:
Monthly Hous	ehold Expenses (Cop	y of most recent	monthly expenses)	
3. Insurance	gage /APA, VIYA, etc.) te Food Expenses	\$	_	
	Bills/Debts: please s		-	
b		\$ \$		nt tax returns & W-2 forms
			must accompany this	s application.
What is the ma	aximum amount of yo	our family's incon	ne that you can pay tov	vards tuition? \$
•	tion or omission of fa			application. I understand that tuition assistance being
Signature of Pa	arents/Guardians		Dat	e:
Signature of Pa	arents/Guardians		Date	e:

If you are returning, what ha	ve you done in service to St. Mary School during the last school year?
Please write a paragraph, ful	ly explaining why financial assistance is needed.
Why will the students be an	asset to St. Mary?
Tim, tim the stadents be an	
For Office Use Only:	
approved	amount
not approved	date notified
offer accepted	offer rejected
Tuition Manager	