

**St. John The Apostle  
1968 Sandbridge Road  
Virginia Beach, Va. 23456  
(757)821-1100  
Stjohnsanbridge.org**

**Tuition Assistance**

- Assistance is available to families who are active, contributing members of a Catholic Parish.
- Applications are available in the school office or may be downloaded from our website. [www.stjohnsandbridge.org](http://www.stjohnsandbridge.org)
- A completed registration must be submitted prior to being considered for tuition assistance.
- Applicants must submit a completed application and necessary financial documentation by May 1<sup>st</sup>.
- Please address all applications: Attn: Principal, Confidential
- Tuition assistance decisions will be made after review by the Principal and Finance Committee of the School Board prior to the start of the school year.

**Parents/Guardian Financial Statement For Tuition Assistance**

**Father, Stepfather or Male Guardian Information:**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employed By: \_\_\_\_\_ Yrs. w/ Firm: \_\_\_\_\_  
 Address of Employment: \_\_\_\_\_

**Mother, Stepmother or Female Guardian Information:**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employed By: \_\_\_\_\_ Yrs. w/ Firm: \_\_\_\_\_  
 Address of Employment: \_\_\_\_\_

**Income Tax Filing Status for 2005:**

1. Single \_\_\_\_\_ Married, joint return \_\_\_\_\_ Married, filing separately \_\_\_\_\_  
 Head of household \_\_\_\_\_ Do not file \_\_\_\_\_
2. How many income tax exemptions do you claim? \_\_\_\_\_
3. How many children are residing in your home and /or receiving support from you? \_\_\_\_\_
4. How many children entered in #3 will be attending tuition-charging institutions in 2006-07 ? (Include students attending SJA) \_\_\_\_\_

**Parents' Annual Income and Expenses:**

5. TOTAL TAXABLE INCOME BEFORE DUDCTIONS                      2005                      Est. 2006

Salaries & wages - father, stepfather or guardian	_____	_____
Salaries & wages - mother, stepmother or guardian	_____	_____
Dividend & interest income	_____	_____
Alimony received	_____	_____
Other taxable income	_____	_____

6. TOTAL NON-TAXABLE INCOME

Child support received	_____	_____
Social Security benefits	_____	_____
Other non-taxable income	_____	_____

7. Total itemized deductions from IRS Schedule A                      \_\_\_\_\_

8. Total Federal income tax paid                      \_\_\_\_\_  
     A. Self-employed tax paid                      \_\_\_\_\_

9. Total state and other taxes paid \_\_\_\_\_

**Parents' assets and liabilities:**

10. Do you own \_\_\_\_\_ or rent \_\_\_\_\_ your home?

11. Monthly mortgage or rent payment is \$ \_\_\_\_\_

12. Do you own other real estate? Please explain, in detail.

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

13. Bank accounts – total of parents' checking and savings accounts.

Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

14. Other investments and their values:

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

15. Please list all debts, utilities, medical, dental, all credit cards, etc. , the current balance and monthly payment on each account. Attach a separate sheet, if necessary.

<u>Name of Company Owed</u>	<u>Balance</u>	<u>Monthly Payment</u>

16. Complete this item if students' parents are separated or divorced.

A. Divorced\_\_ Separated, court action pending\_\_ Separated, no court action\_\_

B. Date of divorce or separation: (month & year): \_\_\_\_\_

C. Non-custodial parents' full name:

Home address: \_\_\_\_\_

Employed by: \_\_\_\_\_

Employment address: \_\_\_\_\_

D. Name of parent who claimed student as a tax exemption: \_\_\_\_\_

E. Is there any agreement specifying contribution for student expenses?

Yes \_\_\_ No \_\_\_ If yes, how much per year? \$ \_\_\_\_\_

17. List family vehicles owned and /or leased:

A. Make & year \_\_\_\_\_ Amount owed \_\_\_\_\_

B. Make & year \_\_\_\_\_ Amount owed \_\_\_\_\_

List boats and other recreational vehicles owned and/or leased:

A. Make & year \_\_\_\_\_ Amount owed \_\_\_\_\_

B. Make & year \_\_\_\_\_ Amount owed \_\_\_\_\_

18. Please provide any additional information you feel should be considered when your application is reviewed. Separate sheet may be used.

**PLEASE READ THE FOLLOWING CAREFULLY:**

**I/We declare that the information submitted on this form is an honest appraisal of our family's financial position. I/We agree that, should this situation improve during the school year, I/we will notify the school of my/our ability to pay more.**

**I/We understand that in order to qualify for assistance, I /we must be an active member of a Catholic parish. I/we will receive no more than 50% of the tuition. I understand I am responsible for paying the registration fee and other fees as set forth by the St. John the Apostle School Board. I/we understand that, as a recipient of tuition assistance, I/we am/are asked to volunteer 40 hours during the school year at SJA in some capacity (playground, dining room, kitchen, classroom aid, etc.)**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Documents that must accompany this application:**

1. A copy of current pay stub(s) and /or LES
2. A monthly budget showing income and expenses

The completed application and supporting documents must be submitted to the school office no later than May 1<sup>st</sup>