

**St. Peter Catholic School**  
**206 East Washington Street**  
**Slinger, Wisconsin 53086**  
**262-644-8083 x3105**  
[www.spcsslinger.org](http://www.spcsslinger.org)

## **TUITION ASSISTANCE APPLICATION**

January 20, 2026

Dear Applicant,

The administration of St. Peter Catholic School Tuition Assistance Program is the responsibility of the St. Peter Catholic School Tuition Assistance Committee, which consists of the Pastor, Parish Trustee and Principal. The information will operate under strict confidentiality to ensure the privacy of any information you are being asked to supply.

Please note that we require not only financial information but also a space to indicate your stewardship of time and talents, which includes a short narrative of need. While the financial parts of the application are important, the donated time and talents to the parish and school ministries by you and your family are just as important to us. The manner in that you offer your time and talents to our parish and school ministries is highly valued as a means by which you may support the faith community in a non-financial way.

Our purpose is to ensure a fair and equitable distribution of tuition assistance to families via a process that maintains the privacy of applicants and awards the tuition assistance based on basic standards of need, asset and income levels and parish community involvement.

We understand that there may be other considerations such as loss of wages or medical cost that could be a factor for sending your child to St. Peter Catholic School. Please consider applying for the Tuition Assistance.

Should you have any questions regarding the Tuition Assistance process or need help in completing the application, please do not hesitate to call me at 262-644-8083 x3100 or email me at [cheryl.jaeger@stpeterslinger.org](mailto:cheryl.jaeger@stpeterslinger.org)

Sincerely,

Ms. Cheryl Jaeger  
Principal/Marketing Director

**GUIDELINES FOR COMPLETING  
ST. PETER CATHOLIC SCHOOL  
TUITION ASSISTANCE APPLICATION**

The following guidelines will help you as you fill out the tuition assistance application. The application along with any required information must be returned to:

St. Peter Catholic School Tuition Assistance  
Attn: Cheryl Jaeger, Principal/Marketing Director  
206 East Washington Street  
Slinger, Wisconsin 53086

1. Tuition Assistance is available for K3 through 5<sup>th</sup> grade tuition based on parish membership, school registration, participation, and financial status.
2. All questions must be answered, or the application will be returned to you. This may result in a delay in determination of tuition assistance for your child(ren).
3. The information on the application may be verified by the Principal at any time during the academic year. Additional information may be required as needed.
4. Decisions made by the St. Peter Catholic School Tuition Assistance Committee are final. All applications are reviewed by the committee members only.
5. All information that you provide will be treated confidentially. All applications will be kept for one year. No files will be maintained of your application after one year. After one year, all information will be destroyed.
6. If you have any questions or need help in completing the application please contact Cheryl Jaeger, Principal/Marketing Director at 262-644-8083 x3100 or email [cheryl.jaeger@stpeterslinger.org](mailto:cheryl.jaeger@stpeterslinger.org)
7. You will be notified of the final status of your tuition assistance application approximately thirty days after the appropriate submission deadline.
8. Income, as indicated on the application, includes **all sources of money earned by your family.** These sources include, but are not limited to:

*Wages, salary, fees and commissions	*Self employment income/Royalties
*Social Security payments	*Unreported cash income
*Dividends and interest of any kind	*Welfare/Assistance
*Unemployment compensation	*Retirement or Pension
*Alimony/Child Support	*Medical/Doctor Bills
*Financial contributions from others	
*Covid -19 Reduction/Loss of Wages or Medical Costs	

**ST. PETER CATHOLIC SCHOOL  
TUITION ASSISTANCE APPLICATION**

Family Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of persons living in household \_\_\_\_\_

List all persons living in household:

<u>Name (Last and First)</u>	<u>Relationship</u>	<u>Age</u>	<u>Current Grade</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

How many years have you been a registered parish member of which parish?

\_\_\_\_\_

Our family has served the general parish by giving of our time in the following areas: (Please list the various ministry areas of the parish and school in which you and each family member participate.)  
(Please feel free to use additional sheets for more information)

I/We are applying for tuition assistance because: (Please write your reasons for applying in the space below. It is important that you include any all-pertinent information as to why your present situation necessitates the need to request tuition assistance. Please feel free to use additional sheets for more information)

**TOTAL AMOUNT OF TUITION ASSISTANCE REQUESTED \$** \_\_\_\_\_

**CONFIDENTIAL FINANCIAL INFORMATION**

Please provide the total dollar amount for:

**Assets:**

Cash On Hand \_\_\_\_\_

Cash Checking \_\_\_\_\_

Cash Savings \_\_\_\_\_

Saving Bonds \_\_\_\_\_

Pension Funds \_\_\_\_\_

Retirement Funds \_\_\_\_\_

Stocks/Mutual Funds \_\_\_\_\_

Cash Value Life Insurance \_\_\_\_\_

Home Value \_\_\_\_\_

Second Home \_\_\_\_\_

Vehicles \_\_\_\_\_

Rental Property \_\_\_\_\_

Other(s) \_\_\_\_\_

**Liabilities:**

Mortgage \_\_\_\_\_

Auto Loan/s \_\_\_\_\_

Other Loans \_\_\_\_\_

Credit Card Debt \_\_\_\_\_

Other Debts \_\_\_\_\_

Liens \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

**TOTAL LIABILITIES** \_\_\_\_\_

**CONFIDENTIAL FINANCIAL INFORMATION  
YEARLY INCOME AND EXPENSE**

**Income:**

My income \_\_\_\_\_  
Spouse's Income \_\_\_\_\_  
Other Income (All sources describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expenses:**

Mortgage Payments \_\_\_\_\_  
Rent Payments \_\_\_\_\_  
Property Taxes \_\_\_\_\_  
Insurance Costs \_\_\_\_\_  
Loan Payments:  
    Auto \_\_\_\_\_  
    Home Equity \_\_\_\_\_  
Credit Card Payments \_\_\_\_\_  
Vehicle Expenses \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Yearly Income** \_\_\_\_\_

**Total Yearly Expenses** \_\_\_\_\_

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**Please attach a copy of page 1 and page 2 of your last year's Federal Tax Forms as verification of data provided.**  
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I/We verify that all information on the St. Peter Catholic School Tuition Assistance Application is true and correct to the best of my/our knowledge. I/We understand that should upon verification information that I/We have submitted be false it could lead to a denial or revocation of the tuition assistance for your child(ren).

Print First and Last Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print First and Last Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_