



# Holy Trinity Catholic School

## Tuition Assistance Application 2025 -2026

Complete and return to Michelle Gavin with requested documents by April 15, 2025.

Please fill out completely.

### **PERSONAL INFORMATION:**

Name of Applicant: \_\_\_\_\_

Marital Status: ☐ Married ☐ Divorced ☐ Single

Relationship to Student: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Total Number of Children in the Home: \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_

Marital Status: ☐ Married ☐ Divorced ☐ Single

Relationship to Student: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

### **CONTACT INFORMATION:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### **EMPLOYMENT INFORMATION:**

Occupation: \_\_\_\_\_

Employment Status: ☐ Full ☐ Part

Employer: \_\_\_\_\_

Number of Years at current Employer: \_\_\_\_\_

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Employment Status: ☐ Full ☐ Part

Employer: \_\_\_\_\_

Number of Years at current Employer: \_\_\_\_\_

### **List Dependents and any other Adults in the home (not listed above):**

Name of Dependents/ Adults	Date of Birth (MM/DD/YYYY)	Grade (SY 24/25)
If more space is needed submit a separate sheet.		

### **HOUSEHOLD INCOME INFORMATION:**

Household adjusted gross income: \$ \_\_\_\_\_

Is this a change from prior year: ☐ Yes: Amount of change +/\$ \_\_\_\_\_ or -/\$ \_\_\_\_\_ ☐ No Change

**\*\*\*Submit copies of first two pages of 2024 Tax Returns & W-2's along with this application.**

### **Monthly Expenses: (List totals)**

House Payment: \_\_\_\_\_ Vehicle(s) Payment: \_\_\_\_\_ CC Balances: \_\_\_\_\_

Vehicle(s) Make(s)/Model(s): \_\_\_\_\_ Vehicle(s) Make(s)/Model(s): \_\_\_\_\_

Vehicle(s) Make(s)/Model(s): \_\_\_\_\_ Other Outstanding Debt Amount: \_\_\_\_\_

### **Assets: (List totals)**

Cash/Checking/Savings Totals: \_\_\_\_\_ Home Value: \_\_\_\_\_ Owed: \_\_\_\_\_

Retirement Plan/Contribution: \_\_\_\_\_

### **Write a brief explanation why you are requesting Tuition Assistance:**

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