



February 2023

Dear HTS Family,

We want to provide families with every means of support available to help make a Holy Trinity education more affordable. Holy Trinity Parish provides all families with a subsidy to help offset the actual per pupil cost for each student in grades 3K through 8. The Angel Fund tuition assistance is funded through the Holy Trinity We Believe Campaign. In order to be given consideration for tuition assistance, the attached form must be completed in its entirety. A limited amount of funding is available for tuition assistance. All information on this form, and your Wisconsin tax form, and all its schedules are necessary to insure that the available funding is distributed in an equitable manner. **PLEASE KNOW ALL INFORMATION IS DEEMED CONFIDENTIAL.**

If you have met your financial obligation for the preceding year (or have made arrangements for full payment), we will be able to consider providing tuition assistance for the upcoming school year. Fr. Strand and I ask that you prayerfully consider what your resources are and what your level of need is for the upcoming school year.

Kindly complete all information and return the attached form and other required documentation to the parish office. Please include all documentation listed in the directions. This information will be kept in strictest confidence. The failure to submit all requested information could result in the denial of your application.

We are thankful that you see yourself as a part of a community that is supportive and caring. We only ask that you share the same kind of support and care with others as opportunities present themselves. If you have any questions, please feel free to reach out to me.

Blessings,

Mrs. Amanda Longden

Amanda Longden
Principal

HOLY TRINITY SCHOOL TUITION ASSISTANCE APPLICATION

Date Submitted: _____ Assistance Requested for Academic Year _____ / _____

PART 1: Demographics

A: Student Information

Student(s) Name(s)	DOB	Sex	Grade Entering	Church Attending

B: Parent Information

	Father	Mother
Name		
Street Address/PO Box		
City, State, Zip		
Phone Number (Home)		
Registered Church		
Employer		
Employer Address		
City, State, Zip		
Phone Number (Work)		
Occupation/Title		
Cell Phone		

C: Marital Status

- Married with two parents present
 Single parent supporting children along
 Single parent living with and sharing expenses with another adult

D: Household

1. Including yourself, how many in your household are you supporting? _____

2. PART 2: Financial Information

A: Income

1. Your Gross Income: per week / semi-monthly / monthly \$ _____
2. Spouse's Gross Income: per week / semi-monthly / monthly \$ _____
3. Child Support/Alimony: per week / semi-monthly / monthly \$ _____
4. Do you receive food stamps? Yes / No If yes, your ID No. _____
5. Other Income (add **ALL** other income):
 per week / semi-monthly / monthly \$ _____
6. Income from others living in your household:
 per week / semi-monthly / monthly \$ _____

B: Monthly Expenses

1. How much do you pay in house rent/mortgage per month? \$ _____
2. How much do you pay for utilities per month? \$ _____
3. Car Payment(s) per month \$ _____

C: Deductions

1. Medical/Dental Expenses (include expenses not covered by insurance.
 You may include cost of medical insurance premiums you paid). \$ _____
2. Child support paid out to a previous spouse \$ _____
3. Elementary and Secondary school tuition paid \$ _____
4. Amount given to your Church \$ _____
5. Amount spent for childcare \$ _____

6. What is the maximum amount of monthly tuition that you feel
 you can afford to pay to educate your child/children at
 Holy Trinity Catholic School? \$ _____
7. Please list or describe any special family circumstances:
 (Examples: unemployment, high out-of-pocket medical expenses, other financial
 obligations not listed
 above.) _____

NOTE: IF YOU ARE ACCEPTED FOR TUITION ASSISTANCE, YOU ARE EXPECTED TO DONATE TO YOUR SCHOOL SOME OF YOUR TIME, BASED ON SCHOOL POLICIES.

Our family can contribute some services to the school in the following manner:

_____ Painting _____ Plumbing _____ Electrical Work _____ Carpentry

_____ Welding _____ Office Work _____ Cleaning

_____ Other - Please Specify _____

I understand that the above information is to be used solely for the consideration of tuition assistance for child/children attending Holy Trinity Catholic School. I further give permission for Holy Trinity School to use such information for this purpose.

- **In order to assist us in processing your application, we must have a copy of the 2022 Wisconsin Income Tax Return.**

Parent/Guardian

Date

Parent/Guardian

Date

School Administration Use Only – Do Write Below This Line

Date	Reviewed By:	Recommendation