

**DIRECTIONS FOR COMPLETING THE ST. PATRICK SCHOOL TUITION  
ASSITANCE APPLICATION**

The application is a basic 2-page document that will not take long to complete. However, please note the following:

1. All information requested must be submitted. Please be sure to include income and expenses as requested on the 1<sup>st</sup> page.
2. You MUST include a copy of your award or decline letter from Tomorrow's Hope Foundation. All families requesting assistance from St. Patrick School MUST apply to Tomorrow's Hope first. There are NO exceptions to this rule. If you submit the application without the letter, the application will be returned to you as incomplete.
3. Please submit the 1<sup>st</sup> page of your federal tax return for 2017. This would be the 1040 or 1040A-front and back. DO NOT send any other tax documents.
4. Please be clear and concise as to why assistance is needed and the amount you need. Do not leave this blank as this is required information. If you submit the application without completing the amount, it will be returned to you.
5. Please be sure to include your contact information. This would include an e-mail and telephone number should we have additional questions concerning your application.
6. In most cases, families are notified in writing of their award BEFORE the 1<sup>st</sup> tuition payment is due in July. HOWEVER, incomplete applications will delay your award. Tuition payments will still be scheduled at the full amount on their due date.
7. **Please note that we do not offer full scholarships. All families must pay something towards tuition.**
8. Completed applications and supporting documentation should be sent to the following address:

**St. Patrick CHURCH  
Business Office  
9 N. Clinton Avenue  
Bay Shore, NY 11706  
Fax # 631-665-9009**

[e-mail-businessoffice@stpatrickbayshore.org](mailto:e-mail-businessoffice@stpatrickbayshore.org)

Please **DO NOT** send the completed application to the school as school mail is held over the summer and the application will not be received before September. You must send the application to the CHURCH as addressed above.

**ST. PATRICK SCHOOL TUITION ASSISTANCE FORM**  
**ST. PATRICK CHURCH-BUSINESS OFFICE**  
**9 N. CLINTON AVENUE**  
**BAY SHORE, NY 11706**  
**FAX# 631-665-9009**  
E-MAIL-BUSINESSOFFICE@STPATRICKBAYSHORE.ORG

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

Father \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Marital Status      \_\_\_\_\_ Married      \_\_\_\_\_ Single      \_\_\_\_\_ Divorced

Household Members:

Name	Age	Relation	Current School	Grade	Tuition

If others please use a separate sheet.

Gross Household Income:

Source:

Father	\$	/month	
Mother	\$	/month	
SSI	\$	/month	
Pension	\$	/month	
Child Support	\$	/month	
Alimony	\$	/month	
Other Income	\$	/month	

Expenses:

Utilities	\$	/month	
Medical	\$	/month	
Mortgage/Rent	\$	/month	
Loans	\$	/month	
Other	\$	/month	

Did you apply for Tomorrow's Hope Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Yes- Please attach copy of award/decline letter to this application.

No- If you have not applied to Tomorrow's Hope-please do so now at [www.tomorrowshopefoundation.org](http://www.tomorrowshopefoundation.org).

**Your application will be returned to you as incomplete if the award/decline letter is not attached.**

Please use this area to explain why tuition assistance is needed.

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

How much financial assistance are you requesting. \$ \_\_\_\_\_ \*\*\*\*\*

**A DOLLAR AMOUNT MUST BE LISTED-FAILURE TO LIST A DOLLAR AMOUNT WILL RESULT IN THE FORM BEING RETURNED AND A DELAY IN THE DECISION.**

Please send a copy of your 2017 tax return(1040, 1040A form)-page 1 only. All information provided will be held in strictest confidence. Tuition Assistance is for one year only and families will be required to file for Tomorrow's Hope Foundation next year. Please note that this is for Tuition Assistance for the School year 2018-2019 ONLY. Decisions concerning Tuition Assistance will be made AFTER Tomorrow's Hope Awards are provided.

Name of Person responsible for Tuition Payments \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

(PLEASE PRINT EMAIL ADDRESS)

\_\_\_\_\_  
Signature of Person responsible for payments.

**Do not write below this line. FOR OFFICE USE ONLY.**

Scheduled Tuition prior to assistance \_\_\_\_\_

Tuition Assistance \_\_\_\_\_

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