

## **DIRECTIONS FOR COMPLETING THE ST. PATRICK SCHOOL TUITION ASSISTANCE APPLICATION**

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

1. All information requested must be submitted. Please be sure to include income and expenses as requested on the first 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 your application without this, it will not be processed.
3. Please submit the first page of your Federal Income Tax Return for 2020. **DO NOT** send any other tax documents.
4. Please be clear and concise as to why assistance is needed and the amount you need. If you do not complete this, your application will not be processed.
5. Please be sure to include contact information. This would include email address and telephone number should we have questions concerning your application.
6. In most cases families will be notified of their award during July. If your award is granted after your first tuition payment the award will be applied against all remaining tuition payments.
7. 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  
Email: [preinfurt@optimum.net](mailto:preinfurt@optimum.net)**

**Please do not send the completed application to the school as the school offices are closed for a portion of the summer and mail is held at the post office. 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**  
**EMAIL: [preinfurt@optonline.net](mailto:preinfurt@optonline.net)**

**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 a 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:

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

**A DOLLAR AMOUNT MUST BE LISTED – FAIURE TO LIST A DOLLAR AMOUNT WILL RESULT IN THE FORM BEINT RETURNED AND A DELAY IN THE DECISION.**

**Please send a copy of your 2020 tax return (1040, 1040A form)-1 page 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 2021-2022 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email 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: \_\_\_\_\_