

Tuition Assistance Application 2024-2025

All information contained in this application, as well as any financial aid awarded, will be kept confidential.

Please return this application, along with a copy of your last (2022) 1040 tax return showing your gross income (with SS# blacked out) to the school office.

This application will not be processed without your 2022 1040 tax return

St Joseph School and the cluster parishes that support the school make considerable effort to provide a Catholic school education to families who chose to enroll their child(ren). The cluster parishes provide support in the form of subsidies to the school's operating budget. We request that you prayerfully consider the amount that you can contribute toward your child's education.

Name of Parent(s):			
Address:			
Phone:	_ Email:		
Total Number of People in household:			
Enter the name of your child(ren), grade, and	d your proposed tuitior	that you can afford	
Name	2024-2025 Grade	Tuition Amount	Please estimate what you may be able to pay each month. This will be taken into consideration.
Please answer the following questions: Why are you interested in having you child(r		hool?	
	en, accena sejosepin se		
Please provide any other information you th	ink would help with ou	r decision:	