

HOLY ROSARY CATHOLIC SCHOOL

215 S. Washington Ave., PO Box 503
Medford, WI 54451
715-748-3336, Extension 221

2009-2010 TUITION ASSISTANCE APPLICATION

Applicants must be parish members of Holy Rosary or Our Lady of Perpetual Help.

Parent (Guardian) _____ Phone _____

Address _____

Employer and Phone # of each parent (guardian) _____

Total Household income for past 12 months. \$ _____

(You must attach your most recent W-2 forms and Tax information. Your application will not be considered without it.)

Number of Dependents _____ What is your total tuition bill for this year? _____

How much can you afford to pay in tuition? _____

How much do you feel you need? _____

Help requested for:

Student Name _____ Grade (2009-10 year) _____

Student Name _____ Grade (2009-10 year) _____

Student Name _____ Grade (2009-10 year) _____

Student Name _____ Grade (2009-10 year) _____

Please explain any special circumstances that we should understand.

At a later date, when your situation has improved, will you make a contribution to the Tuition Assistance Fund? _____

Signature _____ Date _____

All financial information on this form will remain confidential.