

Thomas More Prep-Marian and Holy Family Elementary

2019-2020 Application for Registration Fee Assistance

Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per household.

Return completed application to TMP-Marian. Assistance is based on Federal Income Eligibility Guidelines.

Priority Deadline July 1st – All Pre-Enrollment information must be on file before application will be processed.

HOUSEHOLD MEMBERS				TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS				
	List Names of ALL Household Members		School Name (or "NA" if child is not in school)	Grade	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly			
	First Name	Last Name			Earnings from Work		Other Regular Income	
					Amount	Select Frequency	Amount	Select Frequency
1.					W E2 2M M Y		W E2 2M M Y	
2.					W E2 2M M Y		W E2 2M M Y	
3.					W E2 2M M Y		W E2 2M M Y	
4.					W E2 2M M Y		W E2 2M M Y	
5.					W E2 2M M Y		W E2 2M M Y	
6.					W E2 2M M Y		W E2 2M M Y	
7.					W E2 2M M Y		W E2 2M M Y	
8.					W E2 2M M Y		W E2 2M M Y	

IMPORTANT – MUST ATTACH FRONT PAGE OF MOST RECENT TAX RETURN.

Comments:

SIGNATURE - An adult household member must sign the application box.

Print Name: _____

Daytime Phone: _____

Evening Phone: _____

Address, City, State, Zip: _____

Email: _____

I certify (promise) that all information on this application is true and that all income is reported.

Sign Here X _____ Date: _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

Application Type (check one)
 Total Household Income : \$ _____ Household Size: _____
 Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly

Application Status
 Approved..... Amount: _____
 Denied Income over allowed amount Incomplete/missing:
 Notes: _____

Determining Official's Signature:

Approval/Denial Date:

Notification Date: