

PLEASE RETURN THIS COMPLETED FORM TO THE RECTORY BY AUGUST 9, 2022

St. Dominic Parish  
Confidential Financial Statement  
For All Saints Academy/Mater Dei Tuition Assistance 2022-2023

**FAMILY DATA:** Church Envelope Number \_\_\_\_\_

**Circle one or enter the correct data into box:**

1. Number of children in a Catholic elementary school in 2022-2023?	
2. Number of children attending a Catholic high school in 2022-2023?	
3. Number of children attending college?	
4. Ages of all children you are currently supporting?	
5. Is the father currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the mother currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are both parents living in the same household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Parental Information: **Circle all that apply:**

Married, Divorced, Separated, Widowed, Single  
Father is unable to work, Mother is unable to work  
Father is deceased, Mother is deceased

9. Student (s) live with: **Circle all that apply:**

Father, Mother, Step-Father, Step-Mother,  
Male Guardian, Female Guardian

10. If parents are separated or divorced, who will be responsible for Sunday donation and/or tuition payment?

Father      Mother      Other \_\_\_\_\_

11. List your involvement within the parish. Which ministries or fundraisers have you helped with in the last year?

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

12. Please explain any other extenuating circumstances or any other information we need to take into consideration: \_\_\_\_\_

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

13. Please explain why you feel you need assistance:

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

If additional space is needed, please attach another sheet.

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**OVER PLEASE**



# FINANCIAL DATA:

Please attach a copy of your most recent 1040 Tax Form (Front & Back)

	<u>Monthly</u>		<u>Annually</u>
Adjusted Gross Income from most recent tax form: (Annual) (from the person or persons responsible for tuition).....			\$ _____
Amount of child support received (if applicable):.....	\$ _____	or	\$ _____
Additional support or income received (if applicable).....	\$ _____	or	\$ _____
<u>Total housing costs:</u>			
Mortgage/rent:.....	\$ _____	or	\$ _____
Homeowners/renters insurance:.....	\$ _____	or	\$ _____
Property taxes:.....	\$ _____	or	\$ _____
Utilities (Gas, electric, water, sewer):.....	\$ _____	or	\$ _____
Total monthly cost of family housing (add all of the housing costs above):.....	\$ _____		\$ _____

- |   |          |  |          |
|---|----------|--|----------|
| • Day care expenses paid by the family last calendar year (2021).....   | \$ _____ |  | \$ _____ |
| • Healthcare insurance premiums paid: .....   | \$ _____ |  | \$ _____ |
| • Healthcare costs - not covered by insurance - paid by the family in the last 12 months (do not include monthly insurance premiums)..... | \$ _____ |  | \$ _____ |

Grade School Tuition paid by family last school year (2021-2022).....			\$ _____
High school tuition paid by the family last year (2021-2022).....			\$ _____
College tuition and housing paid by the family last year (2021-2022).....			\$ _____

**Total Tuition paid 2021-2022.....**

Grade School tuition due this year (2022-2023):.....			\$ _____
High school tuition due this year (2022-2023).....			\$ _____
College tuition and housing due this year (2022-2023).....			\$ _____

**Total Tuition due 2022-2023.....**

You are asking for:

\_\_\_ Tuition Assistance: What tuition can you afford to pay?..... \$ \_\_\_\_\_

\_\_\_ Sunday Donation Assistance (to reduce the requested \$15.00 per week)  
What Sunday donation can you make?..... \$ \_\_\_\_\_

For Office Use Only:

Assistance received in 2021-2022: St. Dominic paid \_\_\_\_\_ Family paid \_\_\_\_\_  
 Sunday Collection Amt. \_\_\_\_\_ Sunday donations received: \_\_\_\_\_  
 MD Assistance \_\_\_\_\_ ASA Assistance \_\_\_\_\_

Tuition Assistance for the 2022-2023 term Approved for ASA: \_\_\_\_\_ MDHS: \_\_\_\_\_  
 Reduced average weekly envelope contribution for Fiscal year July 1, 2022 - June 30, 2023 Approved for \_\_\_\_\_

Chairperson of Financial Committee \_\_\_\_\_ Pastor \_\_\_\_\_ Date \_\_\_\_\_