

**2021-2022 Tuition Scholarship Application**



**Church of the Immaculate Conception of the Blessed Virgin**  
**St. Mary School**  
**715-246-4652 – Ext 224 or 715-246-2469**  
**151 S. Washington Ave., 257 S. Washington Ave.**  
**New Richmond, WI 54017**



**Instructions:** Complete and return application by May 31, 2021. Scholarship funds are limited. Submitting after this date may result in less scholarship money being available for you. **(All applications must have a copy of your 2020 Federal Form 1040 ENCLOSED. Applications will not be considered without this form unless the filing date of income tax forms has been extended.)**

Submit completed applications to: St. Mary School Office

**Application:** Current Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of applicant (and spouse): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Check one of the following: Married \_\_\_ Single \_\_\_ Separated \_\_\_

Number of Dependents (other than self or spouse) \_\_\_\_\_

Number of children attending St. Mary School \_\_\_\_\_

Employer's name \_\_\_\_\_

Employer's address \_\_\_\_\_

Work phone \_\_\_\_\_

\_\_\_\_ Check here if we may call you at work.  
(Any attempt to contact you will be to your home phone first.)

Position \_\_\_\_\_

How long in current position? \_\_\_\_\_ Length of employment here? \_\_\_\_\_

Spouse's employer's name \_\_\_\_\_

Spouse's employer's address \_\_\_\_\_

Spouse's work phone \_\_\_\_\_

\_\_\_\_ Check here if we may call you at work.  
(Any attempt to contact you will be to your home phone first.)

Position \_\_\_\_\_

How long in current position? \_\_\_\_\_ Length of employment here? \_\_\_\_\_

Gross income \$\_\_\_\_\_ check one: Weekly\_\_\_\_ Monthly\_\_\_\_ Annual\_\_\_\_

Spouse's gross income \$\_\_\_\_\_ check one: Weekly\_\_\_\_ Monthly\_\_\_\_ Annual\_\_\_\_

Maintenance \$\_\_\_\_\_ check one: Weekly\_\_\_\_ Monthly\_\_\_\_ Annual\_\_\_\_

Child Support \$\_\_\_\_\_ check one: Weekly\_\_\_\_ Monthly\_\_\_\_ Annual\_\_\_\_

Other income \$\_\_\_\_\_ check one: Weekly\_\_\_\_ Monthly\_\_\_\_ Annual\_\_\_\_

Description of other income source \_\_\_\_\_

List and explain any financial situations or special circumstances that you would like to be taken into consideration.

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

Will a parent/guardian or other party be responsible for any part of the tuition payments? Yes No

If yes, indicate name & phone # \_\_\_\_\_

(Both parties must complete an application if you are requesting assistance as separate parties paying one tuition.)

**2021-2022 Tuition Rates**

(includes \$100 non-refundable family registration fee)

\$3,100 /child K-8

Parishioner Discount Deduct \$200/child

By filling out this form you may be eligible for Volunteer Assistance. This Volunteer Assistance service may be a variety of tasks to support the school and/or the church. The assistance is earned at a rate of \$7.25 per hour. Please check below if you are interested, and the school office will keep you in mind when opportunities arise.

\_\_\_\_ I am interested in this opportunity.

.....  
I declare that the above information is true, correct, and complete to the best of my knowledge. I authorize Immaculate Conception Church to verify the above information and to obtain additional information as may be required for the purpose of determining an appropriate level for tuition scholarships.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only:

Date received \_\_\_\_\_ Tuition Scholarship Award \_\_\_\_\_ Initials \_\_\_\_\_  
Volunteer Assistance Award \_\_\_\_\_ Initials \_\_\_\_\_