

ANGEL FUND TUITION ASSISTANCE FORM

PLEASE PRINT: THIS FORM MUST BE FILLED OUT COMPLETELY

Please attach a copy of your tax return to this application.

If you are on Public Assistance, attach a photostatic copy of your I.D. Card.

INFORMATION DERIVED FROM PERSON(S) FINANCIALLY RESPONSIBLE FOR STUDENT: ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL

Name of Applicant _____ Phone _____
 Address _____ Parish _____
 Student lives with: Parents ___ Guardian ___ Father ___ Mother ___ Other ___
 Father Deceased ___ Mother Deceased ___ Parents Separated ___ Parent Divorced ___
 Father's Occupation _____ Age ___ Employed by _____
 Mother's Occupation _____ Age ___ Employed by _____
 Number of dependent children ___ Number of children in school ___
 Other dependents _____ Last Year This Year Next Year
TOTAL INCOME BEFORE TAXES Father _____
 (includes Social Security, Mother _____
 Veterans' Pension, Welfare Total _____
 Benefits and Child Support)

Tuition assistance received from other source (Relative, others) _____

Home: Purchase price _____ Market value _____ Unpaid mortgage _____
 Monthly rent/Mortgage payment _____ Utilities _____
 Other Real Estate: Purchase price _____ Market value _____
 Monthly mortgage _____ Unpaid Mortgage _____
 Bank Accounts: Savings _____ Checking _____ Other Assets _____
 Household Cars: Year and Make _____
 Annual medical expenses (including insurance premiums & other dependents' expenses):

Other pertinent information: _____

NAME	AGE	SCHOOL	GRADE	ANNUAL TUITIONS

In the above section list the name, age, school, grade, tuition charge for each child in the family, including the applicant.

We declare that the information on this form is true and correct to the best of our knowledge.

 Father's signature Date Mother's signature Date