



St. Mark's Episcopal School Tuition Assistance Application

Date of Application: _____

Student's Name: _____

Parents' Names: _____

Address: _____

Please fill out both sides of this form and return with required documentation listed on the back.

For the School Year from August _____ to June _____

Names of family members being supported by parent(s) during the above school year time period.

Name	Age	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Describe any circumstances that you feel should be given special attention.
(All tuition assistance shall be kept confidential.)

Please give your projected net monthly income from ALL sources for the above school year time period from August 1, _____ to June 30, _____.

Earned income (wages/salary of parent #1) _____

Earned income (wages/salary of parent #2) _____

Other income or monetary gifts from family _____

Total projected MONTHLY income _____

Monthly Expenses _____

Rent (mortgage payment) _____

Utilities _____

Car payment(s) _____

Car Insurance & Expenses _____

Insurance (medical) _____

Groceries _____

Other Payments _____

Total Projected Monthly Expenses _____

Application & Enrollment Fees \$ _____ **Need Assistance with Fees** **Yes** **No**

Estimated Monthly Tuition including BAC, if applicable \$ _____

In order to provide any assistance or scholarship, please estimate your monthly need by subtracting the amount you are able to pay on a monthly basis from the monthly tuition and BAC, if applicable. If you need assistance with fees, please also fill out the appropriate information

Estimated Monthly Need \$ _____ **Estimated Fees Need \$** _____

Please return the completed application and a copy of your latest tax return to the Head of School.

Signature _____ Date _____

Received