

# St. John Francis Regis School

## Bright Futures Fund and Soar with the Eagles Fund Tuition Assistance Program

Tuition Assistance Application for 2018-2019 School Year  
***Deadline for Applications – Friday, April 13, 2018***

### Parent/Guardian Information

Parent/Guardian's

Name: \_\_\_\_\_

(First)

(Middle Initial)

(Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Are you Catholic? (please circle)      YES      NO

Are you registered in a parish? (please circle)      YES      NO

Parish name (if applicable): \_\_\_\_\_

### **Income and Expenses:**

2017 Adjusted Gross Income &/Or Other Income: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_

\* **Household income** is the income of you AND your spouse (if you are married) plus payments from public assistance, social security, child support, and unemployment compensation (if applicable) AND income of working parents that live with you.

**BFF & SWE requires** a copy of your 2017 Federal Tax Return (2017 income) & reviews line 37 Adjusted Gross Income. If you have not yet filed a 2017 Federal Tax Return copies of your current W-2's will suffice.

**BFF & SWE requires** proof of public assistance, social security, child support, and unemployment compensation (if applicable).

\***Household size** includes you, your spouse (if married), all children under 18, and any elderly parents that live with you.

2017 Monthly Mortgage or Rental Payment \$ \_\_\_\_\_

2017 Monthly Car Payment \$ \_\_\_\_\_

### **Special Circumstances:**

Please describe special circumstance related to your household that the Tuition Assistance Committee should be aware of. This information is confidential and will only be available to the Tuition Assistance Committee. (Attach an additional sheet, if necessary)

**Student Registration Information**

List the names of the child(ren) you are applying for, the grade they will be entering in the 2018-19 school year, and the name of the school they are currently attending.

1. \_\_\_\_\_ Grade 2018-2019: \_\_\_\_\_ Current School: \_\_\_\_\_

2. \_\_\_\_\_ Grade 2018-2019: \_\_\_\_\_ Current School: \_\_\_\_\_

3. \_\_\_\_\_ Grade 2018-2019: \_\_\_\_\_ Current School: \_\_\_\_\_

Please provide information about other child(ren) in your family.

Name:

1. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: 2018-2019: \_\_\_\_\_ School Attending: \_\_\_\_\_  
(if applicable) (if applicable)

2. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: 2018-2019: \_\_\_\_\_ School Attending: \_\_\_\_\_  
(if applicable) (if applicable)

3. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: 2018-2019: \_\_\_\_\_ School Attending: \_\_\_\_\_  
(if applicable) (if applicable)

**Parent Response Questions**

Please describe why receiving this scholarship for your child(ren) is important? (Attach an additional sheet, if necessary)

Please share any additional information regarding your family that you feel important for the scholarship review committee to know. (Attach an additional sheet, if necessary)

**Conditions of Ongoing Tuition Grant**

- I will pay my child’s school account in a timely and responsible manner.
- I certify that all financial information provided to St. Regis, BFF, and SWE to determine our eligibility is true and complete to the best of my knowledge. I agree to provide proof, if asked, that the information given to school is true and acknowledge that failure to do so will result in a loss of the tuition grant.
- I will ensure at least 90% daily attendance of my child(ren) or risk losing the scholarship.
- I agree to allow my child’s school to provide academic performance information for my child to BFF with the assurance that the information remains confidential.

**I certify by my signature below that the information I am providing to Bright Futures Fund and Soar with the Eagles Fund is accurate and true to the best of my knowledge. My signature also confirms that I have read and understood the eligibility guidelines for the program. I understand that all of the above conditions must be met by child/family to be eligible for the tuition grant. I agree to allow my child’s picture to be taken and used for promotional and fundraising purposes. I agree to release Bright Futures Fund, Soar With the Eagles Fund and St. John Francis Regis from any liability in its efforts to provide this tuition grant.**

Signature of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

**Send completed application along with proof of income to:**

**St. John Francis Regis: FAX 816-966-1350**

**Questions, please call 816-763-5837**

**Or email: [rsowders@regisschool.org](mailto:rsowders@regisschool.org)**

**REQUIRED DOCUMENTS!**

PROOF OF INCOME (2017 Federal 1040 or W-2 plus income from any other sources)

**MUST BE SUBMITTED WITH YOUR COMPLETED APPLICATION!**

# St. John Francis Regis School

Date: \_\_\_\_\_

## Scholarship Agreement

Family Name: \_\_\_\_\_

In acceptance of the scholarship, I will complete the following requirements:

Initial next to each item

\_\_\_\_\_ I will ensure at least 90% daily attendance of my child(ren) or risk losing my families tuition assistance.

\_\_\_\_\_ I will ensure that my child is seated in their classroom and ready for school by 8:00am each morning assuming no more than five tardies per quarter.

\_\_\_\_\_ I will complete the free and reduced lunch program form no later than Monday, August 20th.

\_\_\_\_\_ I will establish direct withdrawal with Smart Tuition. I will establish direct withdrawal from my bank/credit card to make all tuition payments.

\_\_\_\_\_ Your student's behavior will be reviewed on a **quarterly** basis. Student(s) with excessive write ups, detentions, or suspensions may lose their tuition assistance during the school year. Three or more office referrals within a semester may result in the loss of tuition assistance.

\_\_\_\_\_ Your student's academic records will be reviewed on a **quarterly** basis. Student(s) must complete homework in a timely fashion and demonstrate their personal best on all assignments and in-class activities to ensure the family scholarship for the school year.

\_\_\_\_\_ I will share my time and talent with the school community. Each family is required to contribute **a minimum of four hours of volunteer time quarterly**. A form will be sent to each family quarterly and must be submitted to the office quarterly.

\_\_\_\_\_ I will participate in one of the major fundraising events. You are required to volunteer for at least one of the large fundraising events.

Please initial the event you intend work (dates and times are TBD).

\_\_\_\_\_ Nascar (Fall)

\_\_\_\_\_ Rock Fest (Spring)

\_\_\_\_\_ I will meet the school minimum fundraising obligation of \$250. You may obtain this by participating in fundraisers and making sales that contribute \$250 in profit towards our school. Most fundraisers assume a 40% allocation. If you chose not to participate in the fundraising obligation, you may make a financial donation of \$300 to the PTO.

All tuition assistance grants are reviewed on a quarterly basis. Those families who do not meet the requirements of the tuition assistance may not qualify for the entire tuition assistance amount.

**Your tuition assistance will NOT be applied to your account until this form is received in the office. Tuition assistance will be applied to your account on a semesterly basis.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date