

Project HOPE/Brady Trust

Tuition Assistance Request

20 - 20

Application materials must be sent to: **Superintendent of Schools**
601 Grand Ave., Des Moines 50309

Please print or type the following information:

Parent (Guardian): _____ Phone: _____
Last First

Address: _____
Street City State Zip Code

Parish: _____ (Project HOPE/Brady Trust is only available for K-12 Catholic students)

We have ___ have not ___ previously completed the 20__ - 20__ Catholic Tuition Organization Financial Aid Application. **If not, please do so and include it with this application form or attach a copy of your latest IRS Form 1040 and W-2.**

Check any that apply:

Combined Family Annual

Income:

___ Father deceased **This includes all adults who contribute to the household income.**
___ Mother deceased Salaries and Wages before taxes:
___ Parents separated Father (or male guardian) 1. \$ _____
___ Parent divorced Mother (or female guardian) 2. \$ _____
___ Parent unable to work Other Income 3. \$ _____
Total Income (add lines 1 through 3) \$ _____

(If there are unusual circumstances, please explain on back or attach additional sheet.)

List information below for all dependent children:

Name	Age	School	Grade

Are you receiving assistance for school related expenses from other sources? If yes, indicate on the back side of this form how much and from what source(s).

We declare all the information contained in this application to be true and complete to the best of our knowledge. We understand too, that in return for tuition assistance, we will be expected to regularly attend weekend Mass and may be expected to donate hours of service to the parish or school. **Return completed application to your pastor, principal or business manager.**

Date

Parent/Guardian Signature

We recommend this family for assistance. (Application must be signed by Pastor and Principal or Business Manager.)

Pastor

Principal or Business Manager