

## **Application for Financial Assistance**

Financial assistance is available for families who qualify for reduced tuition based on a sliding scale due to changes in their financial situation or their economic need. All applications are strictly confidential.

In order for the Financial Aid Committee to consider an application, every question on the application must be answered and the requested documentation demonstrating proof of income must accompany the application. Incomplete applications will not be accepted. Decisions regarding the application of financial aid and the reduction of tuition, if applicable, will be emailed to the Primary Parent/Guardian in approximately 10 business days.

Financial Aid does NOT exclude the financial responsibility of the family. Every family is responsible for tuition based on their ability to pay (with the exception of full scholarships).

Please submit the completed application and related documentation to tuition@cristoreyjesuit.org.

	Part I Student Inform	MATION	
1. Student Name			Grade:
2. Student Name			Grade:
3. Student Name			Grade:
Primary Parent/Guardian Name:	F	Secondary Parent/Guardian Name:	
Home Address:			
City:	State:	Zip:	
Primary Parent/Guardian's Email:	P	rimary Parent/Guardian's	s Cell:
NOTE: If you have submitted a year AND the information is according to the information in t	1 0	RJ through Admissions f	for the upcoming school
☐ Yes, the financial package sul	omitted to CRJ is accur	rate. (Go to Part VI – Sign	natures)
□ No. (Please complete Part II -	- Part VI)		



## PART II HOUSEHOLD SIZE – LIST ALL OCCUPANTS OF STUDENT(S) HOME

Name	Relationship to Student(s)	Name		Relationship to Student(s)
1 2.				
2. 3.				
4.				
Additional members can be				
	P Household	art III Financiai	l Status	
Household Member Name 1	Source* (Choose from	Below)	Monthly Amount \$	Yearly Amount \$
2				
3				
4				
5				
6.				
*Sources: FT Employme Other (Indicate nature o	of the Source)	d Support,	Alimony, Welfare	e, Pension, Social Securit
	_	ENT ASSIS	STANCE	
□ No □ Yes	sehold receive Governmen  Name of Agency and your Re  Name of Agency	gistration/Ide <b>Ide</b> r		NAP/TANF/FDPIR/Other: from the Agency: Amount per Month
1				——————————————————————————————————————
3				
4.				



## PART V PROOF OF INCOME & ADDITIONAL INFORMATION

Please attach Proof of Income for Each Household Member Named in "Part II". Include PDF copies of the following documents:

- ✓ Income Tax Return (most recent tax year) \*
- ✔ Photocopies of Proof of Gov't Assistance -Listed in Part IV
- ✓ Letter explaining financial hardship to help in determination of assistance

\*If NO Recent Tax Return **THEN** Income Tax Return for previous filing year **AND** Two Current Paystubs

**Note:** Members of Household should be listed on Tax Returns Proof of Residency for Members of Household if **NOT** on Tax Return, with Received Mail i.e. Utility Bills, Benefits, or other mail to Household Address

If you have questions or would like assistance filling out the application, please contact: *tuition@cristoreyjesuit.org* 

Part VI	
SIGNATURES	

We, the undersigned, certify that all information presented is true and complete to the best of our knowledge and fully authorize CRJ to verify the information here submitted.

Signature of Primary Parent/Guardian		Signature of Secondary Parent/Guardian				
Date	/	/	Date	/	/	

CRISTO REY JESUIT COLLEGE PREPARATORY OF HOUSTON does not discriminate on the basis of race, religion, color, gender, or national or ethnic origin in its student admission process, faculty and staff hiring practices, educational policies, athletics and other school-administered programs.