

HOLY FAMILY CATHOLIC SCHOOLS

2018-2019 Tuition Assistance Reconsideration Form

Please return to:
 Holy Family Catholic Schools
 2005 Kane St.
 Dubuque, IA 52001
 ktracy@holyfamilydbq.org

Both pages of this form must be complete with all questions answered before your application can be considered. Please mark any areas that do not apply with N/A.

In order to apply for Reconsideration, you must first complete a FACTS tuition assistance application. Your application must be verified by FACTS before your Reconsideration application will be reviewed. If you have not applied for FACTS, you can visit our website at www.holyfamilydbq.org, then Admissions, Tuition Assistance, Need-Based, Apply for Tuition Assistance. If you have any questions or need help, please contact Katie Tracy at ktracy@holyfamilydbq.org or (563) 582-5456.

By checking this box, I have completed a FACTS application for the 2018-2019 school year.

DEMOGRAPHIC INFORMATION

Family Code		Application Date	
Parent/Guardian Last Name		Parent/Guardian First Name(s)	
Street Address		Apartment/Unit #	
City		State	Zip
Best Phone		Email Address	
Parish - <i>Holy Family will verify</i>			

AMOUNT OF REQUEST

How much assistance are you requesting with this application? <i>Please list dollar amount.</i>	\$
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SPECIAL CIRCUMSTANCES

Please indicate if any of the following special circumstances have affected your financial status **within the past twelve months**. Please explain any "yes" answers and include a dollar amount for each. If you marked "yes" to "Withdrew money from IRA or 401k," please state the amount and what it was used for. Please use another sheet to explain any other special circumstances if needed.

Illness of child/immediate family member	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Divorce/separation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
High cost/lack of medical insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Job change/income reduction	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Court-ordered child support/alimony	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Necessary home/auto repairs	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Withdrew money from IRA or 401k	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	

Other (please be specific)

LAST NAME:

PARISH INVOLVEMENT

Describe how you are involved in your parish.

How much did you financially contribute to your parish in 2017? *Verification may be requested.*

\$

Do you participate in the Scrip Program?

YES

NO

If no, why not?

OTHER COMMENTS

SIGNATURE

This form should contain complete information regarding all special circumstances that affect your need status. This information will be kept in strict confidence and will only be viewed by the Holy Family Catholic Schools Reconsideration Committee and the pastor of your parish.

Holy Family Catholic Schools reserves the right to request additional information or verification if needed.

Signature

Date