



**BOSTON COUNCIL SOCIETY of SAINT VINCENT de PAUL
ARCHDIOCESAN PAROCHIAL SCHOOL TRUST**

Mailing Address

**1524 V.F.W. Parkway, West Roxbury, MA 02132
(617) 325-0124**

Sheet 1 of 3

**Application for Tuition Assistance
2006 – 2007 School Year**

The Parent/Guardian of the applicant named herein submits the following information for the purpose of applying for tuition assistance from the Trustees of the Boston Saint Vincent de Paul Parochial School Trust, and hereby certifies that all information contained herein is true and accurate to the best of his/her knowledge. The Signatory to this Application also gives his/her permission to the Trustees of the above named Trust to verify all information submitted in this Application. Applicants may be requested to submit copies of the last two years State/Federal Income Tax Returns.

(PRINT OR TYPE)

Name of Parent / Guardian _____

Address _____

City/Town _____ **Zip** _____ **Telephone Number** _____

Name of Pupil _____

Address _____

City/Town _____ **Zip** _____ **Telephone Number** _____

If Pupil is presently attending school:

Name of School _____

Present Grade _____

Parochial School planning to attend September 2006 _____

Address of School _____

Yearly Tuition _____

If this is a new School, has student been accepted for admission? _____

If not, has Application been made to this Parochial School? _____



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Name and Ages of all members of Student's household:

Father _____ **Age** _____

Mother _____ **Age** _____

Children in Family including Applicant:

Name _____ **Age** _____

Name _____ **Age** _____

Name _____ **Age** _____

Name _____ **Age** _____

Name _____ **Age** _____

FINANCIAL DISCLOSURE

Annual Household Income from all sources \$ _____

Father/Guardian Employer (s) _____

Annual Earnings \$ _____

Mother – Employer (s) _____

Annual Earnings \$ _____

Other Family Income: Source _____ **Amount \$** _____

Do you own your own home? _____ **Rent** _____ **Other** _____

Your Monthly Housing Cost \$ _____

If home is mortgaged, name Bank/Mortgage Company _____

Present Monthly Payments \$ _____ **Outstanding Balance \$** _____

Total of All Other Monthly Household Expenses \$ _____



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**Any other Children in Family Attending Parochial or Private Schools or College?
If so, please furnish Name, Age, Grade and School Attending:**

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION ON THIS APPLICATION
IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

DATED _____ 2006

Signature Parent/Guardian

This Application must be submitted through a Parish St. Vincent de Paul Conference to the Trustees of the Boston St. Vincent de Paul Parochial School Trust, 1524 V.F.W. Parkway, West Roxbury, MA 02132, no later than April 1, 2006. All Applicants will be notified by August 1, 2006, of the amount of tuition assistance awarded, if any, to the Applicant. All Tuition Assistance awarded will be paid to the School in which the Applicant will be enrolled and will be paid one half the first semester (September 2006) and one half will be paid the second semester (January 2007).