



## Tuition Grant Application 2017-2018

Please fill out form completely and legibly.  
Include copies of W-2's and applicable tax forms and return

### PRIMARY FINANCIALLY RESPONSIBLE PARTY

_____	_____	_____
Applicant Last Name	Address	City, State, Zip
Marital status (circle): Single / Married / Divorced / Separated		Home phone: _____
<b>Father</b>		<b>Mother</b>
First Name _____		First Name _____
Employer: _____		Employer: _____
Work phone: _____		Work phone: _____
Cell phone: _____		Cell phone: _____
Religion: _____		Religion: _____
Parish/City: _____		Parish/City: _____

### SECOND FINANCIALLY RESPONSIBLE PARTY (if applicable)

_____	_____	_____
Last Name	Address	City, State, Zip
Marital status (circle): Single / Married / Divorced / Separated		Home phone: _____
<b>Father</b>		<b>Mother</b>
First Name: _____		First Name: _____
Employer: _____		Employer: _____
Work phone: _____		Work phone: _____
Cell phone: _____		Cell phone: _____
Religion: _____		Religion: _____
Parish/City: _____		Parish/City: _____

*The mission of Divine Savior Catholic School is to provide a high-quality, personalized, Catholic-based education that inspires and empowers its learners to achieve academic excellence and develops life-long learning skills. Learners are challenged to walk as disciples in the footsteps of Christ valuing knowledge, prayer, and service to others.*



Uniting Faith and Knowledge

# Divine Savior Catholic School

423 Fremont Street  
Kiel, WI 53042  
(920)894-3533  
www.divinesaviorschool.org

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### ALL CHILDREN IN FAMILY/HOUSEHOLD

Last Name	First Name	Age	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

On an attached piece of paper please share the following:

1. Please explain your family needs for a tuition grant. Include the effects of extensive medical bills, loss of jobs, disability, family/custody issues, etc.
2. Please share information regarding your child/children.  
(Academic performance, participation in co-curricular activities, special needs, etc.)
3. If you have a Divine Savior student, what is his/her relationship to Divine Savior (HRS, SPPS, ST. ANNA) alumni (i.e., parents, grandparents, graduates)?
4. List your annual household salary.

\$ \_\_\_\_\_  
Annual gross salary – household

\$ \_\_\_\_\_  
Additional income (if applicable)

5. Please provide an indication of how much aid you would need for the upcoming school year: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone# \_\_\_\_\_ Date: \_\_\_\_\_

- Please include copies of your latest W – 2's.
- Copies of your latest Federal Income Tax Return may be required to verify income.
- Application will only be considered with submitted copies of W - 2 forms.

Please submit this application to:  
Divine Savior Catholic School  
Attn: Mr. Kerry Sievert  
423 Fremont Street  
Kiel, WI 53042

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