



Uniting Faith and Knowledge

Divine Savior Catholic School

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

Tuition Grant Application 2019-2020

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: _____
Father		Mother
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: _____
Father		Mother
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

Tuition Grant Application 2019-2020

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, extenuating circumstances, 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

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.