## Thomas More Prep-Marian and Holy Family Elementary 2022-2023 Application for Registration Fee Assistance

Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per household.

Return completed application to TMP-Marian. Assistance is based on Federal Income Eligibility Guidelines.

Priority Deadline August 1st – All Pre-Enrollment information must be on file before application will be processed.

HOUSEHOLD MEMBERS					TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS				
	List Names of ALL Household Members		School Name (or "NA" if child is not in school)	Grade	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly				
			,		Earnings from Work		Other Regular Income		
	First Name	Last Name			Amount	Select Frequency	Amount	Select Frequency	
1.						W E2 2M M Y		W E2 2M M Y	
2.						W E2 2M M Y		W E2 2M M Y	
3.						W E2 2M M Y		W E2 2M M Y	
4.						W E2 2M M Y		W E2 2M M Y	
5.						W E2 2M M Y		W E2 2M M Y	
6.						W E2 2M M Y		W E2 2M M Y	
7.						W E2 2M M Y		W E2 2M M Y	
8.						W E2 2M M Y		W E2 2M M Y	
SIGNA	TURE - An adult househol	d member must sign the	application box.						
Print Name:					Daytime Phone: Evening Phone:				
Address, City, State, Zip:					Email:				
Addre	ess, city, state, zip:		<del></del>	Emai	l:				
I certi	fy (promise) that all inforn	nation on this application	is true and that all inco	me is repo	orted.				
Sign Here X Date:									
FOR S	CHOOL USE ONLY. DO NO	T WRITE BELOW.							
Application Type (check one)  Total Household Income: \$ Household Size:  Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly				Appr ly Denie	Application Status Approved				
Determining Official's Signature:					Approval/Denial Date: Notification Date:				