



Your future StArts with us.

ST. ATHANASIUS EDUCATION ASSISTANCE TRUST (SEAT)

Application for Tuition Assistance

The completed and signed form along with your STO Application and your most Recent 1040 Tax Form should be returned to:

Principal's Office
St. Athanasius School
P.O. Box 288
Jesup, IA 50648

1. Father, Stepfather or Male Guardian:
Name _____ Age _____
Street Address _____ Phone _____
City _____ State _____ Zip _____
Parish _____
Occupation _____
Employer _____
2. Mother, Stepmother or Female Guardian
Name _____ Age _____
Street Address _____ Phone _____
City _____ State _____ Zip _____
Parish _____
Occupation _____
Employer _____
3. Parent's Marital Status
 Single Widowed Divorced
 Married Both deceased Separated
4. If parents are divorced who has legal custody of the applicant? Mother Father
5. Dependents: Exclude parents listed in line 1 and 2 above
List all others who receive at least ½ support from person listed in 1 and 2 above.
Please circle the name(s) of student(s) requesting aid:
Name Age Grade School Attended Last Year School Currently Attending



Financial information:

- 6. Gross yearly income for person(s) listed in 1 and 2 _____
- 7. Total number of exemptions claimed on income tax _____
- 8. Non-taxable income (Social Security, Child Support, Welfare, etc.) _____
- 9. Total medical expenses for past year _____
- 10. Average yearly contribution to your parish church _____
- 11. Home: _____ Rent _____ Own
 Present market value _____
 Unpaid mortgage or debt _____
- 12. Investments and Real Estate other than home:
 Present market value _____
 Unpaid mortgage or debt _____
 Cash value of life insurance accumulated funds _____
- 13. Are you able to work/volunteer your service to School or the Religious Education Program?
 _____ Yes _____ No, please state reason _____
- 14. Describe any special or unusual circumstances which affect your need status: (Use a separate sheet if needed) _____

- 15. How much tuition assistance do you estimate would be required to enable your student(s) to attend School or Religious Education? _____
- 16. Parent/Guardian Certification:
 I declare that the information on this form, to the best of my knowledge, is true, correct and complete.
 Parent/Guardian Signature _____
 Date Completed _____

The information obtained from this application from will be kept confidential.

FOR OFFICE USE ONLY

Date Received _____ Student(s) _____

Date notification sent _____