APPLICATION FOR TUITION ASSISTANCE

The Robert F. & Marilyn A. Miller Catholic School Education Foundation

Date of Application: **for Academic Year:**

1. List the student's name(s), age, school attending, & school address:

Name: Age: School: School Address:	Name: Age: School: School Address:
2. Father or Guardian Information: Name: Address: City, State, Zip: Phone Number:	**3. Mother or Guardian Information:** Name: Address: City, State, Zip: Phone Number:

4. Total Annual Family Income for preceding year:

5. Estimated income for this year:

*********NO APPLICATION WITH BE CONSIDERED WITHOUT W2 TAX DOCUMENT******

6. Parents' current marital status:

7. Who claims student as tax dependent?:
8. Occupation: Father: **Mother:** **Guardian:**
9. If separated or divorced, who is paying the student's tuition?:
10. Number of children in family:
11. How many children in your family are currently attending Catholic School in the Archdiocese of Newark?:
12. What other scholarships have you applied for?:
13. What other tuition assistance do you receive?:
14. Endorsement by School Principal: I support the application for tuition assistance for this student & certify that they are in good academic standing & have never been suspended or seriously reprimanded. Name: Signature: Date: **NO APPLICATION WILL BE CONSIDERED WITHOUT THE PRICIPAL'S SIGNATURE**

Print & MAIL COMPLETED APPLICATION, W2, OTHER SUPPORTING DOCUMENTS TO:

The Miller Foundation **77 Louville Ave.** **Park Ridge, NJ 07656**	**Questions: leave a message: 201-755-4676**