

Mater Dei High School

Tuition Assistance Application

DEADLINE FOR SUBMISSION: APRIL 1, 2021

Completed application and supporting documents may be submitted any of the following ways:

- ⇒ Mail to Mater Dei High School, Attn: Jill Seiler, 1300 Harmony Way, Evansville, IN 47720
 - ⇒ Email to Jill Seiler at jseiler@evdio.org
 - ⇒ or Drop off at the Mater Dei main office

| Student Name: | (Please submit a separate application for each student.) | |
|--|--|--|
| Parish:Schoo | sh:School currently attending: | |
| Student's grade for 2021-22 (Please indicate 9, 10, 11, or 12 |) Student's Birthdate: | |
| Father/Guardian Name: | Mother/Guardian Name: | |
| Street Address: | Street Address: | |
| City: State: Zip: | City: State: Zip: | |
| Home/Cell Phone: | Home/Cell Phone: | |
| Work Phone: | Work Phone: | |
| Email: | Email: | |
| Parents are: Married Divorced Other (explain) | | |
| Who does the student live with? Mother F | Cather Joint Custody Guardian | |
| If joint custody, specify which parent the student lives with the most | | |
| Legal Guardian Information (if applicable): | | |
| Guardian's NameGuardian's Street Address | | |
| CityBtateZipHome/Cell | Email | |
| Number of people living in the household (You may include students away at college.) | | |
| Number of dependents claimed on tax return | | |
| Are you receiving child support? No Yes (If yes, documentation must be provided.) | | |
| Please list out of pocket expenses (if applicable) for the following: | | |
| Elementary school tuition: | College tuition: | |
| Out of the ordinary medical expenses: | | |
| Additional extraordinary expenses (list details): | | |
| If your 2020 tax return does not provide an accurate please explain. (You may use another sheet of paper if your 2020) | - | |
| | | |

| 1. Has the studer | nt you are applying for received a S | School Choice Voucher in a previous school year? |
|---|--|--|
| Yes No | If yes, provide the name of the school | he/she attended at the time the voucher was received. |
| School Name | | Year Received |
| 2. Has the studer | nt you are applying for received a 7 | Tax Credit Scholarship (SGO) in a previous school year? |
| Yes No If yes, provide the name of the school he/she attended at the time | | he/she attended at the time the SGO was received. |
| School Name | | Year Received |
| - , | <u> </u> | are applying for received a School Choice Voucher in a tep) sibling |
| If yes, provide the | e name of the school he/she attend | ded at the time the <i>voucher</i> was received. |
| School Name | | Year Received |
| O (| | e applying for received a <i>Tax Credit Scholarship (SGO)</i> in tep) sibling |
| If yes, provide the | e name of the school he/she attend | ded at the time the SGO was received. |
| School Name | | Year Received |
| _ | endents will you have enrolled at I | Mater Dei for the 2021-2022 school year? |
| remaining tuitionstatements to be Signature of pare | on balance is the responsibility of the parents in cases of divorce of the parents in cases o | _ |
| grants, and other income and hous eligibility for all fo | Mater Dei tuition assistance. I/W | Foundation (CEF) grants, Mission in Ministry (MM) e will provide copies of documents to verify household plicable). This application may be used to substantiate bove. Parent/Guardian Signature |
| | , | <u></u> |
| | Date | Date |

For questions regarding tuition assistance for Mater Dei Families, please contact:

Jill Seiler, MDHS Enrollment Manager
jseiler@evdio.org or (812) 426-2258 ext. 322