

# MARIAN CENTRAL CATHOLIC HIGH SCHOOL

## TUITION ASSISTANCE – WORK/JOB PROGRAM APPLICATION

2020-21

Use this form to apply for the work/job tuition assistance program. If you are applying for both the work/job program and the Fr. Egan Financial Aid grant program, you will need to fill out this form as well as the FACTS Grand & Aid Assessment Application. The form and required documents are to be submitted online to FACTS by May 1, 2020.

**This work/job program application and required documents are to be returned to Peggy Murwin, Bookkeeper at Marian Central by May 1, 2020.**

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### PLEASE INDICATE WHICH WORK/JOB PROGRAM STUDENT IS INTERESTED IN:

\_\_\_\_\_ Maintenance – Summer (limited positions available)

\_\_\_\_\_ School Year Cafeteria

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### A. This Work/Job Program Application is for the following student(s):

Name: \_\_\_\_\_ Grade in 2020-21: \_\_\_Fr. \_\_\_So. \_\_\_Jr. \_\_\_Sr.

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### B. Parent/Guardian

Check one: \_\_\_Father \_\_\_Mother  
\_\_\_Stepfather \_\_\_Stepmother  
\_\_\_Other Adult (explain in E)

\_\_\_\_\_  
Last Name First Name MI

(\_\_\_\_) \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street No. and Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Occupation/Title/Rank

\_\_\_\_\_  
Employed By/Self-Employed How Long?

### C. Parent/Guardian

Check one: \_\_\_Father \_\_\_Mother  
\_\_\_Stepfather \_\_\_Stepmother  
\_\_\_Other Adult (explain in E)

\_\_\_\_\_  
Last Name First Name MI

(\_\_\_\_) \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street No. and Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Occupation/Title/Rank

\_\_\_\_\_  
Employed By/Self-Employed How Long?

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## D. Parents/Guardians Taxable Income

1. \_\_\_\_\_ Total number of exemptions claimed on 2019 Federal Income Tax form
2. \$\_\_\_\_\_ Total "Adjusted Gross Income" as reported on your 2019 Federal 1040 (line 8B)  
Tax form
3. \$\_\_\_\_\_ Total Tax paid as reported on your 2019 Federal 1040 (line 19) Tax form

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## E. Unusual Circumstances

Use the space below to describe any unusual circumstances you feel the school needs to know in making its decision.

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## F. Parents/Guardians Certification

I/we declare that the information on this form is true, correct and complete to the best of our knowledge.

Parent or Guardian Signature (Section B): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (Section C): \_\_\_\_\_ Date: \_\_\_\_\_