



Communion of Saints Tuition Assistance Application

I acknowledge that I am applying for tuition assistance from the COS Tuition Assistance fund. The source of this financial assistance includes the Angel Scholarship fund and contributions that have been designated to my school that are to be applied toward my child's/children's tuition balance. I understand that completing this application does not guarantee a tuition assistance award as funds are limited and awards are based on family financial need. I certify that all financial information provided for COS Tuition Assistance is true and correct.

School Name: Communion of Saints

Child Name(s) _____

Parent Name(s) _____

Parent Signature(s) _____

Date _____

Please complete back of page →



COS Household Income Verification

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Please list all students enrolled below:

Student Name: _____ Grade: _____

_____ Household size *Please include all dependents in the home.*

Indicate the income range of your total household annual income below:

- | | |
|---|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$100,000 - \$120,000 |
| <input type="checkbox"/> \$20,000 - \$40,000 | <input type="checkbox"/> \$120,000 - \$140,000 |
| <input type="checkbox"/> \$40,000 - \$60,000 | <input type="checkbox"/> \$140,000 - \$160,000 |
| <input type="checkbox"/> \$60,000 - \$80,000 | <input type="checkbox"/> \$160,000 - \$180,000 |
| <input type="checkbox"/> \$80,000 - \$100,000 | <input type="checkbox"/> \$180,000 or higher |

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date