

SSSTAP 2026-2027

ST. STEPHEN SCHOOL TUITION ASSISTANCE PROGRAM

APPLICATION DEADLINE: Submit by May 31, 2026

Address to: *St. Stephen Rectory - Business Manager - Confidential*

We CAN help you provide a Catholic Education for your child!

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Please fully complete one application per family when applying for assistance.

Funds are reserved for Active Parishioners of St. Stephen with children in grades Kn-8.

Parent/Guardian Name: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Father's Occupation: _____ Employer: _____

Mother's Occupation: _____ Employer: _____

Marital Status: Married Single Divorced Separated Other

I/We have # _____ Child(ren) that will be attending St. Stephen School. List name(s) and grade level(s). _____

Earned Income: Documentation required/most recent signed Federal Income Tax Form

	2025	2026
	Adjusted Gross Income	Estimated Income

Father(guardian) _____

Mother (guardian) _____

Other Income: (Please list the amount per month)

Food Stamps: _____ Welfare: _____ Child Support: _____ Alimony: _____

Property Rental: _____ Social Security (for children): _____ Other: _____

2026-2027 Income Eligibility Guideline Scale

Household of 2	\$78,000 Max	Household of 6	\$130,756 Max
Household of 3	\$89,122 Max	Household of 7	\$144,634 Max
Household of 4	\$101,000 Max	For Each Add'l Child add	
Household of 5	\$116,878 Max	\$12,000.00	

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Page 2 of 2 **PLEASE COMPLETE APPLICATION IN FULL**

CONDITIONS OF ELIGIBILITY: Please carefully review and check off each statement to indicate your compliance and understanding of all conditions.

_____ Our family is in need of tuition assistance to allow our child(ren) the opportunity to attend the parish school.

_____ I/We fully understand that any award will be applied on a monthly basis and that **my tuition account and all fees must remain current to receive tuition assistance.**

_____ I/We fully understand that all funds available for tuition assistance are secured from donations from various sources and are combined to assist all families that may be in need of assistance and that there is no guarantee of an award.

_____ I/We fully agree to all terms of this application and award.

_____ I/We know that this is a fully confidential application process.

_____ I/We know that these funds are available for families on a NEED basis.

_____ I/We know we must apply each year to receive an award.

_____ **I/We have also submitted an application for an award from the Bison Fund.**

2025-2026 Projected Tuition (K-8 only) without assistance: \$ _____

We Can honestly Afford: \$ _____

Request for Assistance is: **MUST BE COMPLETED** \$ _____

No Applications can be considered without these documents!

I/We have attached a copy of my/our 2025 1040 or 1041 Income Tax Return.

Signature **Date:** **Print Name:**

Signature **Date:** **Print Name:**

ALL applications must be fully completed, to be processed!

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