

**RAPID CITY CATHOLIC SCHOOL SYSTEM
HARDSHIP APPLICATION**

1. Rapid City Catholic School System may allow tuition payments to be reduced or, in special circumstances, waived for a set period of time.
2. Payment reconsiderations may be provided for families who experience financial hardship, including but not limited to severe illness, hospitalization and loss of employment.
3. The family must submit a written request, using the form below, to the Finance Committee c/o Barb Honeycutt at 300 Fairmont Blvd, Rapid City, South Dakota, 57701
4. Documentation of all deductions/expenses must be submitted.
5. The Finance Committee reserves the right to request additional information.

Name of Family: _____ Phone Number: _____

Address: _____

Have you completed a Tuition Aid Data Services (TADS) application at www.tuitionaid.com?

- Yes
 No

FINANCIAL INFORMATION

<u>Income</u>	<u>Deduction/Expense</u>
\$ _____ Wage	\$ _____ Earned Income Deduction
\$ _____ Commission	\$ _____ Childcare Expenses
\$ _____ Child Support	\$ _____ Child Support Payments
\$ _____ Interest Income	\$ _____ Prescription Medication/Lab Expenses
\$ _____ Alimony	\$ _____ Health Insurance Premiums
\$ _____ Housing Allowance	\$ _____ Medical Expenses
\$ _____ Welfare Benefits	\$ _____ Other (Please Explain)
\$ _____ Social Security Benefits	_____
\$ _____ Pension/Bonus Income	_____

Reason for Request (Be specific - use the back of the form if additional space is needed):

Please describe any efforts the family is attempting to improve the situation:

Completion of this form does not automatically guarantee reduced or waived tuition payments. The Finance Committee will review this application and make a determination regarding reduced or waived tuition payments.

Primary Person Responsible for Tuition Date _____

Secondary Person Responsible for Tuition Date _____

THIS SECTION TO BE COMPLETED BY THE FINANCE COMMITTEE

Review Date: _____

- Denied
 Approved

- Per month
 Two equal payments
 Annual payment

\$ _____ Reduced payment amount

Period of time for reduced payment amount

Finance Committee Member Date _____