



St. Elizabeth Catholic School

Where Knowledge, Truth and Values Meet



99-310 Moanalua Road
Aiea, Hawaii 96701

Ph: (808) 488-5322
contact@steliz-hi.org

TUITION ASSISTANCE APPLICATION

(All information will be kept confidential)

FAMILY NAME: _____

ADDRESS: _____

PHONE: _____

Father's Name _____ Place of Employment: _____

Religious Affiliation _____ Occupation _____

Full time _____ Part time _____

Phone Number: _____

Mother's Name: _____ Place of Employment _____

Religious Affiliation _____ Occupation _____

Full time _____ Part time _____

Phone Number: _____

Parent Making Application:

Last Name _____ First Name _____ MI _____

Home Phone _____

Work Phone _____

Cellular Phone _____

Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Number in immediate Family: _____ Number of Wage Earners in Household: _____

Number of children attending St. Elizabeth Catholic School and seeking financial assistance _____

Name(s) and Grades: _____

Last name First name MI Grade in 2025-26

Last name First name MI Grade in 2025-26

Last name First name MI Grade in 2025-26

Children live with: Father _____ Mother _____ Step Parent _____ Guardian _____

Do you pay other tuition fees (high school, college)? _____

School _____ Annual Amount _____

School _____ Annual Amount _____

School _____ Annual Amount _____

Parents' Annual Income:

Salaries and Wages BEFORE Taxes: Father _____ Mother _____

Child Support/Alimony _____ Other Income _____

Volunteer Hours: **(Must specify: 10 hours/ semester)**

Between the hours of: 8am-12pm _____ 12noon - 4pm _____
4pm - 6pm _____

To qualify for financial assistance, the following requirements must be met:

1. The parent(s) must make a formal application (to be submitted annually).
2. The student's citizenship and academic record must be satisfactory.
3. The student's attendance record must be within acceptable limits.
4. Parents are to submit responses to all questions on this application form and must supply the information requested.
5. Parents are to submit their latest **TAX RETURN form** along with this application.

**FAMILIES CURRENTLY ENROLLED AND ATTENDING ST. ELIZABETH CATHOLIC SCHOOL
WILL HAVE FIRST PRIORITY SHOULD FUNDS BECOME AVAILABLE.**

Please list any additional facts which will help us in evaluating your request for a grant.

Is this a new request: _____ **Renewal** _____

SIGNATURE

DATE

RETURN FORMS BY: MAY 12, 2025