



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 FORM

(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
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Home Phone	Work Phone	Cellular Phone
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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:

<i>Last name</i>	<i>First name</i>	<i>MI</i>	<i>Grade in 2024-25</i>
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<i>Last name</i>	<i>First name</i>	<i>MI</i>	<i>Grade in 2024-25</i>
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<i>Last name</i>	<i>First name</i>	<i>MI</i>	<i>Grade in 2023-24</i>
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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: 20 points/ semester)(Guidelines will follow)

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

The St. Elizabeth Catholic School Tuition Assistance Committee reviews each application individually. 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. Submit the COMPLETED Augustine Educational Foundation Application (AEF) with all attachments.
3. Acceptance or denial letter from Augustine Educational Foundation.
4. Parents must submit responses to all questions on this application form and must supply the information requested.
5. Award amounts may vary from year to year.
6. Good academic standing.
7. The Tuition Assistance Committee presents the recommendations to the Principal and the Pastor for final approval.

Families currently enrolled at St. Elizabeth Catholic School may receive priority consideration if funds become available. Additionally, families with multiple siblings who are parishioners of St. Elizabeth Church may also receive special consideration.

Please provide a written statement of current financial statements and how this scholarship will help your family.

Is this a new request: _____ Renewal _____

SIGNATURE

DATE

RETURN FORMS BY: July 5, 2024

Note: Failure to submit this form and its attachments on the deadline cannot be accommodated for the school year 2024-2025.

