



TCCES 2010-11 Grant Application

For Multi-child Grants and Transition Grants

The Grant Application must be completed by any family requesting multi-child grants or transition grants. These tuition credits will be funded and TCCES will award the funds using the Grant Application process. Income verification is not required. Please fill out form completely, print legibly and return by **February 5, 2010**.

FINANCIALLY RESPONSIBLE PARTY

Applicant Last Name _____ Address _____ City, State, Zip _____

Marital status (circle): Single / Married / Divorced / Separated Home phone: _____

Father **Mother**
 First Name: _____ First Name: _____
 Religion: _____ Religion: _____
 Parish/City: _____ Parish/City: _____

MULTI-CHILD GRANTS

This optional grant is \$150 beginning with the 2nd full-day student, available to families with 2 or more full-day TCCES students. *Preschool, pre-kindergarten and half-day kindergarten students are not counted as full-day students and are not eligible for multi-child grants.*

Yes, I am requesting the Multi-child Grant for: (list all eligible full-day students in TCCES)

1. Student: _____ Grade: _____ School: _____ no credit for 1st full-day student

2. Student: _____ Grade: _____ School: _____ \$150 credit

3. Student: _____ Grade: _____ School: _____ \$150 credit

4. Student: _____ Grade: _____ School: _____ \$150 credit

5. Student: _____ Grade: _____ School: _____ \$150 credit

Total Multi-child credits: \$ _____

TRANSITION GRANTS

This optional grant is funded through the Keller Foundation and available by request for TCCES students making the transition from pre-kindergarten to kindergarten, from grade 5 to grade 6, and from grade 8 to grade 9.

Transition Grant Amounts	
2010-11	Grant
Kindergarten	\$100
Grade 6	\$150
Grade 9	\$200

Yes, I am requesting the Transition Grant for:

Student: _____ School: _____ Grade (circle): Kdg / Gr 6 / Gr 9

Student: _____ School: _____ Grade (circle): Kdg / Gr 6 / Gr 9

Student: _____ School: _____ Grade (circle): Kdg / Gr 6 / Gr 9

Student: _____ School: _____ Grade (circle): Kdg / Gr 6 / Gr 9

Total Transition credits: \$ _____

Please return completed Grant Application to the TCCES Business Office by **February 5, 2010**.



TCCES 2010-11 Tuition Assistance/Scholarship Application

OPTIONAL - Only if you are requesting assistance, fill out this form completely and legibly.
Include W-2's and applicable tax forms and return by **February 5, 2010**.

FIRST... Please review the Grant Application. You may already qualify for discounts.

Please complete the Grant Application before you complete this Tuition Assistance/Scholarship Application, if your family qualifies for either the Multi-child Grants or the Transition Grants.

PRIMARY FINANCIALLY RESPONSIBLE PARTY

Applicant Last Name	Address	City, State, Zip
Marital status (circle): Single / Married / Divorced / Separated		Home phone: _____
Father	Mother	
First Name: _____	First Name: _____	
Employer: _____	Employer: _____	
Work phone: _____	Work phone: _____	
Cell phone: _____	Cell phone: _____	
Religion: _____	Religion: _____	
Parish/City: _____	Parish/City: _____	

SECOND FINANCIALLY RESPONSIBLE PARTY (if applicable)

Last Name	Address	City, State, Zip
Marital status (circle): Single / Married / Divorced / Separated		Home phone: _____
Father	Mother	
First Name: _____	First Name: _____	
Employer: _____	Employer: _____	
Work phone: _____	Work phone: _____	
Cell phone: _____	Cell phone: _____	
Religion: _____	Religion: _____	
Parish/City: _____	Parish/City: _____	

ALL CHILDREN IN FAMILY/HOUSEHOLD

Last Name	First Name	Age	Upcoming Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TCCES 2010-11 Tuition Assistance/Scholarship Application

PLEASE FILL OUT COMPLETELY

1. List the total amounts you requested on the Grant Application.

Multi-child \$ _____ Transition \$ _____ or _____ N/A - We do not qualify for these Grants.

2. List your annual household salary: \$ _____ \$ _____
Annual gross salary - Household Any additional income (if applicable)

3. Please explain your family needs for tuition assistance. Include the effects of extensive medical bills, loss of jobs, disability, family/custody issues, etc.

4. Please share information regarding your child/children.
(Academic performance, participation in co-curricular activities, involvement in band or choir, etc.)

5. If you have a SMC student, what is relationship to SMC alumni (i.e. parents, grandparents, SMC grads)?

6. Documentation

- ~ **MUST include copies of your 2009 W-2's** (please do not staple)
- ~ **MUST include copies of your 2009 Federal Income Tax Return** to verify income. Due by April 30, 2010 at the latest.

Signature: _____ Phone # _____ Date: _____

Complete applications will be considered with W-2 copies if received by February 5, 2010.

Please submit Assistance/Scholarship Applications to:

Mr. Michael Sullivan, TCCES President
TCCES Business Office
1050 Zephyr Drive
Neenah, WI 54956