

# ST. FELIX CATHOLIC SCHOOL

*'Experience the Difference'*

*We are a Catholic, Christ-centered school dedicated to lifelong learning where students are encouraged to develop spiritually, academically, socially, and morally.*



## Financial Aid Packet

Your family is about to invest in a beautiful gift! Catholic education is one of the most important investments you will make as a parent or guardian. We understand it may involve financial planning and modeling of stewardship to your family. When you have reviewed our tuition rates, please reach out to schedule a visit. We are here to answer your questions as you plan for Catholic education in your family budget. We also have financial aid to help support your decision to choose Catholic Education. You must complete and submit the Seeds of Faith Scholarship form to qualify for other aid options.

We prayerfully set our tuition rates to best serve the needs of our students, provide partnership with our families, and retain and recruit exceptional educators.

### Financial Aid Options

Financial Support	Discount	How to Apply	Deadline
Seeds of Faith Scholarship	Dependent upon number of applicants	Available for all Families. Complete attached form or online form.	April 29, 2024
St. Felix Catholic School Amy Marx Scholarship	Dependent upon number of applicants	Available for Kindergarten through 6 <sup>th</sup> Grade. Complete Seeds of Faith Scholarship form and SFCSS Scholarship form.	April 29, 2024
St. Felix Catholic School Needs Based Scholarships Adopt-a-Student and LaRoque Scholarship	Dependent upon qualification for free and/or reduced lunch	Available for Kindergarten through 6 <sup>th</sup> Grade. Complete Seeds of Faith Scholarship form and SFNBS Scholarship form.	April 29, 2024
Scrip Gift Cards	A percentage of Scrip purchases go towards tuition	Purchase online or at the parish office, note name of student in comments.	On going





**DIOCESE OF WINONA-ROCHESTER  
CATHOLIC SCHOOLS  
TUITION ASSISTANCE APPLICATION**  
*SOLICITUD DE ASISTENCIA DE MATRÍCULA  
DE LAS ESCUELAS CATÓLICAS*

**2024-2025**

**SUBMIT APPLICATION TO:**  
*(ENVIE LA SOLICITUD A)*

**CATHOLIC FOUNDATION OF SOUTHERN MINNESOTA  
750 TERRACE HEIGHTS, SUITE 105  
PO BOX 30098  
WINONA, MN 55987**

**DUE DATE: APRIL 29, 2024**  
***FECHA LIMITE***

**Applications that are late, not signed by the pastor or school administrator, as well as those missing the required financial documentation, will *not* be reviewed and will be returned to the schools or families.**



**CATHOLIC  
FOUNDATION**  
of Southern Minnesota

Date received  
by CFSM: \_\_\_\_\_

Please PRINT clearly – If a Blank does not apply, indicate this using "n/a"  
 Por favor escriba con letras de imprenta claramente - si un espacio en blanco no es aplicable a su situación, escriba "n/a"

**Section A PERSONAL DATA – DATOS PERSONALES**

Name of Parent/Guardian: <i>Nombre del Padre/Encargado:</i>		Relationship: <i>Relación:</i>	
Name of Parent/Guardian: <i>Nombre de la Madre/Encargada:</i>		Relationship: <i>Relación:</i>	

The child/children currently live with (circle all that apply): <i>El niño (la niña)/los niños viven actualmente con (encerrar en círculo):</i>	Father <i>Padre</i>	Mother <i>Madre</i>	Stepparent <i>Padrastro/ Madrasta</i>	Guardian <i>Encargado/a</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address: <i>Dirección:</i>				
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City: <i>Ciudad:</i>		State: <i>Estados:</i>		ZIP Code: <i>Código Postal:</i>	
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Phone Number: <i>Número de teléfono:</i>		Email Address: <i>Dirección de correo electrónico:</i>	
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Number of school-aged children (5 to 18): <i>Número de niños en edad escolar (5 a 18):</i>		Number of individuals in the household: <i>Número de personas viviendo en casa:</i>	
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Registered parish: <i>Parroquia registrada:</i>		Located in which city/town: <i>Ubicado en que ciudad:</i>	
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Name of Pastor: <i>Nombre de Párroco:</i>		Number of years at the parish: <i>Número de años en la Parroquia:</i>	
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**Section B PARISH/SCHOOL DATA – DATOS DE LA PARROQUIA/ ESCUELA**

**To be completed by pastor or school administrator.** Describe family participation in parish or school life and/or acts of service in the space below. The starred areas **MUST** be completed:

**Este espacio debe ser completado por el párroco o administrador de la escuela.** Describa la participación familiar en la vida parroquial y/o escolar y los actos de servicio en el espacio a continuación. Se puede incluir una carta de "buena reputación", pero no puede ser la única fuente de información. Las áreas destacadas **DEBEN** ser completadas:

\*Involvement in parish or school ministries/activities:  
 \*Participación en ministerios/actividades parroquiales o escolares:

Participation on parish or school committees/events:  
 Participación en comités/eventos parroquiales o escolares:

Volunteerism:  
 Voluntariado:

Other:  
 Otros:

**\*DO NOT LEAVE THIS SPACE BLANK / NO DEJES ESTE ESPACIO EN BLANCO\***

*Annual financial support (donation) to the parish/school community: \$ *Contribución financiera anual (donación) para la comunidad Parroquial/escolar: \$	*In-kind giving to parish/school (please describe): Tipo de contribución al párroco o escuela (por favor especificar):
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Additional comments from the pastor and/or school administrator:  
 Comentarios adicionales del Párroco y/o director de escuela:

**Section C TUITION INFORMATION – INFORMACIÓN DE MATRÍCULA**

Name of school attending: <i>Nombre de la escuela a la que asiste:</i>		Name of Principal: <i>Nombre de Director:</i>	
Number of children in your family attending school: <i>Número de niños de familia que asisten a la escuela:</i>	Total annual tuition: \$ <i>Total de la Matrícula anual: \$</i>		
Child's Name: <i>Nombre del niño/a:</i>	Grade Level: <i>Grado escolar:</i>	Tuition: \$ <i>Matrícula:</i>	
Child's Name: <i>Nombre del niño/a:</i>	Grade Level: <i>Grado escolar:</i>	Tuition: \$ <i>Matrícula:</i>	
Child's Name: <i>Nombre del niño/a:</i>	Grade Level: <i>Grado escolar:</i>	Tuition: \$ <i>Matrícula:</i>	
Child's Name: <i>Nombre del niño/a:</i>	Grade Level: <i>Grado escolar:</i>	Tuition: \$ <i>Matrícula:</i>	

**\*Pre-School children are NOT eligible for assistance. Only K-12 children are eligible.**  
**\*Los niños en edad preescolar NO son elegibles para asistencia. Sólo los niños de K-12 son elegibles.**

Please use a separate sheet if more space is needed. *Utilice una hoja separada si se necesita más espacio.*

**Section D FINANCIAL DATA – DATOS FINANCIEROS – Applications will not be reviewed without Tax Forms. *Solicitudes no se revisarán sin formularios de impuestos.***

**You must include your 2023 Federal Income Tax Return, Form 1040 with the Social Security numbers removed. *Debe incluir su Formulario 1040 de impuestos federales sobre la renta de 2023 con los números de Seguro Social eliminados.***

Employer: <i>Empleador:</i>	Spouse Employer: <i>Empleador del Conyugue:</i>
Type of Employment: <i>Tipo de empleo:</i>	Type of Employment: <i>Tipo de Empleo:</i>
2023 Federal Adjusted Gross Income: (IRS Form 1040 Line 8b) <i>2023 ingreso bruto ajustado:</i>	2023 Federal Adjusted Gross Income: (IRS Form 1040 Line 8b) <i>2023 ingreso bruto ajustado:</i>
Specify any additional sources of income: (ie: AFDC, Child Support, Social Security, Disability, unemployment compensation, etc.) <i>Especifique fuentes de ingreso adicionales: (ej. AFDC, Manutención de niños, Seguro Social, incapacidad, compensación por desemplear, etc.)</i>	Monthly Total: \$ <i>Total Mensual: \$</i>
Mortgage/Rent monthly payment: \$ <i>Pago mensual de hipoteca/alquiler: \$</i>	Vehicle(s) (owned or leased) total monthly payment: \$ <i>Pago mensual total del vehículo(s) (propio o arrendado): \$</i>
Other monthly payments (ie: childcare, medical/dental, child support payments, credit card): <i>Otros pagos mensuales (ej. guardería, medico/dentista, pagos de manutención, tarjetas de crédito):</i>	Monthly total: \$ <i>Total Mensual: \$</i>

**\*\*If you have any questions regarding this form, please contact your school principal, Monica Herman, or Carlee Shimek  
 \*\*Si tiene preguntas sobre esta forma, por favor comunica con su director de la escuela, Monica Herman, o Carlee Shimek**

**Monica Herman, Executive Director  
 Catholic Foundation of Southern Minnesota  
 mherman@catholicfsmn.org, 507-858-1276**

**Carlee Shimek, Communications and Marketing Associate  
 Catholic Foundation of Southern Minnesota  
 cshimek@catholicfsmn.org, 507-858-1275**

**Section E ADDITIONAL INFORMATION (required) – INFORMACIÓN ADICIONAL (requerido)**

Please describe current circumstances related to financial need (ie: sudden illness, lay-off, termination of employment, death in the family, grandparent raising grandchildren on limited income, recent divorce, etc.) that will make it difficult to make tuition payments. *Por favor describa las circunstancias actuales relacionadas con la necesidad financiera (es decir, enfermedad repentina, despido, terminación del empleo, muerte en la familia, abuelos que crían a sus nietos con ingresos limitados, divorcio reciente, etc.) que dificultarán el pago de la matrícula.*

**\*DO NOT LEAVE THIS SPACE BLANK / NO DEJES ESTE ESPACIO EN BLANCO \***

[Empty space for writing additional information]

**Section F  SUBMISSION CHECKLIST – LISTA DE VERIFICACIÓN (complete before mailing - completar antes de enviar por correo)**

- The family has applied for Tuition Assistance through programs currently available at the school and parish and has been notified of tuition assistance available to them. *La familia ha solicitado ayuda financiera, a través de programas actualmente disponibles en la escuela y la parroquia, y se le ha notificado que hay ayuda disponible a ellos.*
- A copy of the tuition statement from the school is attached. –*Se adjunta copia del estado de cuenta de matrícula de la escuela.*
- The family has included a copy of their 2023 Federal Income Tax Return, Form 1040 with Social Security numbers **removed**. *La familia ha incluido una copia de su 2023 formulario de impuestos Federal 1040 con los números de Seguro Social **eliminado**.*
- The pastor and/or school administrator has filled out Section B indicating the involvement and participation of this family at the parish/school (**required**). *El párroco y/o administrador escolar ha llenado la Sección B indicando el involucramiento y participación de esta familia en la parroquia/escuela (**requerido**).*
- The applicant has signed this form below (**required**). – *El solicitante ha firmado este formulario abajo (**requerida**).*
- The pastor and/or school administrator has signed this form at the bottom (**required**). *El párroco y/o administrador de la escuela ha firmado este formulario en la parte inferior (**requerida**).*

**Note: Tuition Assistance will be awarded in July 2024 and is to be applied to tuition for the 2024-25 school year.**  
**Nota: La asistencia para la matrícula se otorgará julio de 2024 y se aplicará a la matrícula para el año escolar 2024-25.**

**Applicant Signature (required):**  
*Firma del Aplicante (requerida):*

Date:  
*Fecha:*

**Pastor Signature (required):**  
*Firma del Párroco (requerido):*

Date:  
*Fecha:*

**Families complete Sections A and C–F, print application, and sign their name before sending to parish or school administrator to complete Section B and for their signature. Once the parish/school completes Section B, they send it to Catholic Foundation of Southern Minnesota. If the application is incomplete (Section B or E not filled, Tax Forms not attached, or no signatures) it will be sent back to the school.**



**St. Felix Catholic School**  
**Amy Marx Scholarship Application – 2024-2025**  
**Deadline April 29, 2024**

**GENERAL INFORMATION:**

Student Name(s): \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_ Number of Children Living at Home: \_\_\_\_\_

Other Dependents Living at the Above Address: \_\_\_\_\_

\_\_\_\_\_ Yes, we have completed the Seeds of Faith Scholarship application.

**Reason for applying:**

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If you need more space please use the back of this page or attach additional information.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signatures are required)*

*All information given is confidential and will be used solely for the purpose of determining eligibility.*



**St. Felix Catholic School  
Needs Based Scholarship Application – 2024-2025  
Deadline April 29, 2024**

**GENERAL INFORMATION:**

Student Name(s): \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_ Number of Children Living at Home: \_\_\_\_\_

Other Dependents Living at the Above Address: \_\_\_\_\_

We would like to apply for \_\_\_\_\_ Adopt-a-Student Scholarship \_\_\_\_\_ LaRocque Scholarship

\_\_\_\_\_ Yes, we have completed the Seeds of Faith Scholarship application.

**FINANCIAL INFORMATION:**

Gross Family Income

Yearly: \_\_\_\_\_ (or) Monthly: \_\_\_\_\_

Medical Expenses (If Applicable): \_\_\_\_\_

Other Expenses, Losses, or Circumstances you have incurred or experienced that are pertinent to this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* Please include a copy of your Adjusted Gross Income (Page 1 of your Form 1040) \*\*

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signatures are required)*

*All information given is confidential and will be used solely for the purpose of determining eligibility.*