

ARCHBISHOP RYAN HIGH SCHOOL
11201 ACADEMY ROAD
PHILADELPHIA, PA 19154-3397
215-637-1800 EXT. 250

ALUMNI TUITION ASSISTANCE
2008 - 2009

Alumni tuition assistance grants are based on family hardship. The amounts of these grants vary and are awarded through money raised by the Alumni of Archbishop Ryan High School.

Please complete all sections and attach copy of your federal tax return with copies of the associated W-2 forms and related schedules.

Section I

Student(s) Number(s) _____

Student(s) Name(s) Attending Archbishop Ryan

Last	First	Middle
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Grade entering in September 2008: 1. _____ 2. _____ 3. _____ 4. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parish: _____

Section II

Father (Living ___ Deceased ___)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employer: _____

Home Phone: _____ Work: _____

Date of Birth: _____ Social Security No. _____

Mother (Living ___ Deceased ___)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employer: _____

Home Phone: _____ Work: _____

Date of Birth: _____ Social Security No. _____

Guardian

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employer: _____

Home Phone: _____ Work: _____

Date of Birth: _____ Social Security No. _____

Section III

Financial Information (From Last Federal Income Tax Form)

	Father	Mother	Guardian
Wages	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Rental	_____	_____	_____
Business	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

Adjusted Gross	_____	_____	_____
Social Security	_____	_____	_____

Total Deductions	_____	_____	_____
Child Support	_____	_____	_____

Home Own _____ Rent _____ Market Value _____

Mortgage Payment _____ Total Owed _____

Apartment Rental - Monthly Rent _____

Section IV

Please describe in detail any financial hardship that has prompted you to apply for an Alumni Grant. Please feel free to include such factors as employment problems, family difficulties and illnesses that may help us make a decision in the awarding of the grant. (Attach additional pages as required)

Section V

Additional dependents who attend other schools:

Name	Age	School	Tuition
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Section VI

Father graduated from _____ high school.

Mother graduated from _____ high school.

Section VII

Certification and Release Authorization

I affirm, to the best of my knowledge, that the information contained in this application is correct and true.

I authorize Archbishop Ryan High School to release confidential information regarding my financial need to any and all parties who are considering me for financial assistance.

Signatures

Father _____

Mother _____

Guardian _____

Date _____

Return Completed Application by May 1, 2008 to

Office of the President
Archbishop Ryan High School
11201 Academy Road
Philadelphia, PA 19154-3397

Please attach any additional information or circumstances not covered by this application.