

# ARCHBISHOP RYAN HIGH SCHOOL

11201 ACADEMY ROAD  
PHILADELPHIA, PA 19154-3397  
215-637-1800 EXT. 250

## ALUMNI TUITION ASSISTANCE

2010 - 2011

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 2009 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 2010 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 April 30, 2010 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.*

