GICC TUITION ASSISTANCE & SCHOLARSHIP APPLICATION FORM



All information obtained will be kept confidential.





Grand Island Central Catholic Schools & Foundation

1200 Ruby Avenue Grand Island, NE 68803 PH: 308-384-2440 FX: 308-389-3274

Do you have a student starting in grades K-6th or 9th in Fall 2024? OYes ONo

If so, you must complete an application online by April 15 for the Opportunity Scholarships of Nebraska at: nebraskaopportunity.org

Has your family completed the Opportunity Scholarships of Nebraska application (nebraskaopportunity.org)? OYes ONo

FATHER'S INFORMATION	MOTHER'S INFORMATION
Name:	Name:
Address:	Address:
City:	City:
State:Zip:	State:Zip:
Email:	Email:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer:	Employer:
Parent's Marital Status: Married Separated	Divorced Other:
Student's Name(s);	
Is/Are student(s) registered in a Catholic parish? No	Yes: (parish)
Child(ren) is/are living with:Both Parents	

DEPENDENT INFORMATION

For each child in your household, please provide information below, including the school he/she plans to attend during the 2024/2025 school year.

Name	Age	Grade (Fall of 2024)	School
			·
	2	2023 HOUSEHOLD INCOM	
2023 Income from Work - Father			
2023 Income from Work - Mother			. \$
Social Security Benefits			. \$
Child Support			. \$
Aid to Families with Dependent Children (A	AFDC/ADC	·)	. \$
Unemployment Compensation			. \$
TOTAL HOUSEHOLD INCOME			. \$
		E IS REQUIRED. PLEASE ATTAC ETURN WITH THIS TUITION AS	
Did your family receive GICC tuition assista	nce durin	g the current 2023/2024 sch	ool year? Yes No
ESTIMATED AMOUNT NEEDED FOR 2024/2	025 SCH(OOLYEAR: \$	
•	our family		larship Selection Committee can guarantee any I amount of assistance you anticipate needing for

n the space below, please provide a detailed explanatio is possible, including any expenses that might be consid	on of your need for financial assistance. Describe your situation as complete dered unusual or extraordinary.
	rtify that the information contained in this application is true and accurate acknowledge that funds awarded/received are applied directly to the tuition
Parent's Signature:	Date:
Parent's Signature:	Date:
Please send a copy of your federal ta	x return and this completed form in a sealed envelope to:
GICC Tuitior % E 12 Gran	n Assistance & Scholarships Business Manager 200 Ruby Avenue nd Island, NE 68803

Incomplete applications cannot be considered. GICC Financial Aid decisions will be made in July 2024.