



**BOSTON COUNCIL SOCIETY of SAINT VINCENT de PAUL  
ARCHDIOCESAN PAROCHIAL SCHOOL TRUST**

**Mailing Address**

**18 Canton Street, Stoughton, MA. 02072  
Phone: 781-344-3100 \* Fax: 781-341-4560**

**Guidelines for Student Application  
2021 - 2022 School Year**

- **Applicant must be attending an elementary Parochial School recognized by the RACB**
- **Applicant must be in grade 1 through 8 of school year they are applying for grant**
- **Only one (1) applicant Per Family**
- **Application Forms must be accompanied by a letter of recommendation from an active Vincentian conference in the RCAB**
- **Annual Household income under \$85,000.00 unless extenuating circumstances**
- **The Application Form must be signed by Vincentian submitting application on Sheet 3.**



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Sheet 1 of 3

**Application for Tuition Assistance  
2021 - 2022 School Year**

The Parent/Guardian of the applicant named herein submits the following information for the purpose of applying for tuition assistance from the Trustees of the Boston St. Vincent de Paul Parochial School Trust, and hereby certifies that all the information contained herein is true and accurate to the best of his/her knowledge. The Signatory to this Application also gives his/her permission to the Trustees of the above named Trust to verify all information submitted in this Application. Applicants may be requested to submit copies of the last two years State/Federal income tax returns.

**(PRINT OR TYPE)**

**Name of Parent / Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Tel. No.** \_\_\_\_\_

**Name of Pupil** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Tel. No.** \_\_\_\_\_

**If Pupil is presently attending school:**

**Name of School** \_\_\_\_\_

**Present Grade** \_\_\_\_\_

**Parochial school planning to attend September 2021** \_\_\_\_\_

**Address of School** \_\_\_\_\_

**Yearly Tuition** \_\_\_\_\_

**If this is a new School, has student been accepted for admission** \_\_\_\_\_

**If not, has Application been made to this Parochial School** \_\_\_\_\_



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Sheet 2 of 3

**Application for Tuition Assistance  
2021 – 2022 School Year**

**Names and Ages of all members of Students household:**

**Father** \_\_\_\_\_ **Age** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Age** \_\_\_\_\_

**Children in Family including Applicant:**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**FINANCIAL DISCLOSURE**

**Annual Household Income from all sources \$** \_\_\_\_\_

**Father/Guardian Employer (s)** \_\_\_\_\_

**Annual Earnings \$** \_\_\_\_\_

**Mother - Employer (s)** \_\_\_\_\_

**Annual Earnings \$** \_\_\_\_\_

**Other Family Income: Source** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Do you own your own home** \_\_\_\_\_ **Rent** \_\_\_\_\_ **Other** \_\_\_\_\_

**Your Monthly Housing Cost \$** \_\_\_\_\_

**If home is mortgaged, name Bank/Mortgage Company** \_\_\_\_\_

**Present Monthly Payments \$** \_\_\_\_\_ **Outstanding Balance \$** \_\_\_\_\_

**Total of All Other Monthly Household Expenses \$** \_\_\_\_\_

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Sheet 3 of 3

**Application for Tuition Assistance  
2021 - 2022 School Year**

**Any Other Children in Family Attending Parochial or Private Schools or College?  
If so, please furnish Name, Age, Grade and School Attending:**

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**I HEREBY CERTIFY THAT THE ABOVE INFORMATION ON THIS  
APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE  
AND BELIEF.**

**DATED \_\_\_\_\_ 2021**

\_\_\_\_\_  
**Signature Parent /Guardian**

**This Application must be submitted through a Parish St. Vincent De Paul  
Conference to the Trustees of the Boston St. Vincent De Paul Parochial School Trust,  
18 Canton Street, Stoughton, MA 02072 no later than April 1, 2021. All Applicants  
will be notified by August 1, 2021 of the amount of tuition assistance awarded, if any,  
to the Applicant. All Tuition Assistance awarded will be paid to the School in which  
the Applicant will be enrolled and will be paid one half the first semester  
(September 2021) and one half will be paid the second semester (January 2022).**

\_\_\_\_\_  
**Vincentian (Print Name)**

\_\_\_\_\_  
**Conference Name & City/Town**

\_\_\_\_\_  
**Contact Number**

\_\_\_\_\_  
**Dated**