



ST. MICHAEL'S SCHOOL

Discover the Difference!

520 West Church Street
Albion, Nebraska 68620

402.395.2926
www.stmichael@esu7.org



Marguerite Rose Grant

March 25, 2024

Dear St. Michael's Parents:

St. Michael's School is pleased to announce the Marguerite Rose Grant! This grant will provide incentive discounts and tuition assistance to new and current families for many, many years to come.

A very generous donor and supporter of St. Michael's School recently created a donor advisory fund with the intent to help support current families and to increase enrollment by assisting with the cost of education. The benefits of a Catholic education are very real and people like this care as deeply as we do about the extended possibilities a child has when they enter a Catholic school.

The Marguerite Rose Grant fund provides tuition assistance to new and current families. Tuition assistance can be requested for both circumstantial and financial need. Some examples of circumstantial and financial need are: single parent households, families with multiple children enrolled in school, health/medical issues, loss of employment, etc.

The Marguerite Rose Grant fund will also help provide incentive discounts to help boost enrollment. Incentive discounts of \$500 may be awarded to new families, transfer students, and children of employees. It is hoped that these incentive discounts will help to increase enrollment, which in turn decreases the cost to educate a student at St. Michael's School.

Applications for the Marguerite Rose Grant are due May 10th, 2024. Families who transfer to St. Michael's School during the summer may also complete an application, but awards will be conditional based upon remaining funds. Award amounts will be finalized in August due to some overlap with Children's Scholarship Fund.

Please read through the attached description of this grant and the guidelines. Don't miss out on this opportunity - consider applying!

Blessings your way!

Mrs. Tina Thiele-Blecher

Mrs. Tina Thiele-Blecher
Principal, St. Michael's School



Marguerite Rose Grant

The Marguerite Rose Grant was created to provide incentive discounts and tuition assistance to obtain a Catholic education at St. Michael's School of Albion, Nebraska. The Marguerite Rose Grant committee will evaluate eligibility for tuition assistance and incentive discounts.

***Applications must be handed into the school office no later than May 10, 2021.**

Marguerite Rose Grant Policies and Guidelines:

1. Family must complete this form in its entirety.
2. Students must meet academic and citizenship standards.
3. Students must have a good attendance record of at least 90%.
4. Parents/Guardians are expected to support school activities and attend all required parent-teacher conferences.
5. Parent/Guardians must agree to monitor student progress in meeting academic and other school requirements.
6. Family must participate and complete all fundraisers sponsored by the school.
7. During the school year, the principal will monitor each grant recipient to ensure policies and guidelines are being followed. Funding may be discontinued at any time for failure to comply with the policies and guidelines.
8. Grant funds are for tuition costs only. Registration fees, instructional fees, book fees, activity fees, etc are the responsibility of the parents.
9. **All applicants applying due to financial reasons will be required to complete an application for the Children's Scholarship Fund of Omaha in April of each school year.**
10. Recipients will be expected to pay a specified amount of the tuition costs per year. This will be waived only for applicants with seriously limited resources.
11. Completed applications for grants must be submitted by May 10th, 2024. The Grant Committee will consider emergency funding after that date only by a vote of the committee.
12. Grant funds will be paid directly to the school and the student account will be credited.
13. The Grant Committee reserves the right to change/amend policies as needed.
14. Grant recipient must re-apply for a grant each year, provided the recipient continues to meet the criteria stated in the policies and there are sufficient funds.

Policies and Guidelines Acceptance Form

We have received and completed a review of the Marguerite Rose Grant policies. We have a thorough understanding of these policies and guidelines.

We agree to adhere to all policies and guidelines as stated. We understand that failure to do so may result in forfeiture of the St. Michael's School, Marguerite Rose Grant opportunities.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Application Instructions

Each submitted application packet must include the items listed below. Incomplete applications will not be reviewed.

To apply for the Grant, submit the following items to the school office by **May 10, 2024**:

- Signed Policies and Guidelines Acceptance Form (see above) – p.2
- Completed Grant Application Form – p.3-4
- Income Verification (p.5) is required for some applicants - see p. 3 to determine if Income Verification is required for this application.
- Signed Grant Request – p.6

St. Michael's School



Marguerite Rose Grant Application

*NOTE: All information given is confidential and will be reviewed only by the Marguerite Rose Grant Committee consisting of the parish priest, school principal and at least one Marguerite Rose Grant representative.

Parent 1/Guardian – Primary Contact

Name: _____ Relationship _____

Address: _____ City/State/Zip _____

Home Phone: _____ Alternate Phone (cell): _____

Email Address: _____

Religious Affiliation: _____ Parish: _____

Parent 2/Guardian

Name: _____ Relationship _____

Address: _____ City/State/Zip _____

Home Phone: _____ Alternate Phone (cell): _____

Email Address: _____

Religious Affiliation: _____ Parish: _____

Parent's Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Eligible Student(s):

Student 1: _____ Grade next school year: _____

Student 2: _____ Grade next school year: _____

Student 3: _____ Grade next school year: _____

Student 4: _____ Grade next school year: _____

Student 5: _____ Grade next school year: _____



Income Verification

***All applicants must complete this Income Verification form EXCEPT for the transfer student discount, first child discount and employee discount.**

Total number of people in household as of 12/31/23: Adults _____ Children _____

Your household includes all persons living at the same address and/or all persons for whom the head of household claims financial responsibility

<u>Income Source</u>	<u>Amount</u>
Adjusted Gross Income reported on <u>2023</u> Federal 1040 Taxes – Line 37	_____
Child Support Income www.nebraskachildsupport.com	_____
SNAP/Food Stamp Income	_____
Social Security Income	_____
Public Housing Assistance/Section 8	_____
ADC/Public Assistance	_____
Tuition Support from Family/Friends	_____
Other Non-Taxable Income	_____
TOTAL HOUSEHOLD INCOME:	_____



Grant Request

St. Michael's School 2024-25 Tuition rates PER CHILD:

	<u>In-Parish</u>	<u>Non-Parish Catholic</u>	<u>Non-Catholic</u>
Total Cost to Educate (per child):	\$9300	\$9300	\$9300
St. Michael's Parish Contribution	\$6,300	\$6,000	\$5,760
Tuition:	\$2800	\$3100	\$3340
Instructional & Book Fee:	\$ 250	\$ 250	\$ 250
Total:	\$3050	\$3350	\$3590

*Tuition is waived for the 4th child (and 5th, etc.) attending St. Michael's School in the same school year.

Amount Requested

Amount of requested tuition assistance or incentive (**per child**)
for our child(ren) attending St. Michael's School in 2024-25: \$ _____ /child

The requested amount above is used solely in helping the committee understand the financial need of the family. Should you qualify for and receive this grant, the amount received may vary from the amount requested.

I certify that the information provided on these forms is true and complete to the best of my knowledge. I promise to pay my child's school account in a timely manner, ensure at least 90% attendance of my child(ren), and comply with the standards of St. Michael's School. I understand that failure to comply with the above statements will result in the loss of my family's grant. I agree to release St. Michael's School and those affiliated with the Marguerite Rose Grant from any and all liability in its efforts to provide this grant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Mail or return completed forms to:

*St. Michael's School
Marguerite Rose Grant
520 West Church Street
Albion, NE 68620*