



## Catholic School Tuition Assistance Grants

### Grant Application

***This Grant Application Form is to be used for Catholic School Tuition Assistance. Grants will be issued once per fiscal year during the cycle of the school's choosing. See Love One Another MKE Website for Application Deadline and Grant Distribution Schedule. Grant awards will be up to \$5,000 for grades K-8 and up to \$10,000 for grades 9-12 based on available funds in the Trust. The Grant is intended to directly benefit students who have financial need in paying school tuition. The school administration will use discretion with individual Tuition Assistance Amounts, with the stipulation that the minimum Tuition Assistance award will be \$500 per student. Catholic School Tuition Assistance Grants are not intended for students participating in the Parental Choice Program.***

Questions can be sent to [loveoneanothermke-grants@archmil.org](mailto:loveoneanothermke-grants@archmil.org)  
or contact Samantha Wright at (414) 769-3327.

Date

### School Contact Information

Name of School

Contact Person

Title

Address

City

State

Zip code

Phone

email

Amount Requested for Grades K-8 \$

Number of Students Grant will Cover:

Amount Requested for Grades 9-12 \$

Number of Students Grant will Cover:

### Grant Proposal Information

Has the school received any prior grants from the Love One Another Trust? If yes, please list dates and the amount of the grant awards.



How will you sustain the program or purpose or initiative which would be funded by this grant in the future after all of the grant money has been spent?

**Grant Package - Application Checklist:**

- Completed Love One Another Catholic School Tuition Assistance Grant Application
- Organization's income and expenses statement for the current year
- Organization's income and expenses statement for the prior year

*Please mail all required documents to P.O. Box 070912, Milwaukee, WI 53207-0912,  
or email to [loveoneanothermke-grants@archmil.org](mailto:loveoneanothermke-grants@archmil.org)*

I certify that students are non-Choice students, certified that the Grant will be awarded to families that have demonstrated financial need, and that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

I, the undersigned, agree to the terms above.

Preparer Signature \_\_\_\_\_

I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

I, the undersigned, agree to the terms above

Authorized Signature \_\_\_\_\_

Authorized Signature (The Authorized Signature is: the School President or Principal)