

**DEADLINE: March 15, 2019**



**2019-2020  
ARCHDIOCESE of MILWAUKEE EMPLOYEE  
TUITION REDUCTION APPLICATION**

STUDENT NAME: \_\_\_\_\_ GRAD YR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

NAME OF ARCHDIOCESE EMPLOYEE: \_\_\_\_\_

RELATIONSHIP TO STUDENT(S): (circle one) Mother Father Legal Guardian

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PARISH OR SCHOOL WHERE EMPLOYED: \_\_\_\_\_

PARISH/SCHOOL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

JOB TITLE/POSITION \_\_\_\_\_ DATE OF HIRE\*: \_\_\_\_\_

\_\_\_\_\_ Full-time employee

\_\_\_\_\_ Part-time Employee How many hours per week are you working? \_\_\_\_\_

**\*Must have been employed a minimum of one full year to be eligible for this tuition reduction program.**

Check One:

- Total annual household income is greater than \$50,000
- Total annual household income is less than \$50,000. Please provide a copy of your 2017 federal income tax return with this application.

**EMPLOYER'S AUTHORIZATION**

I hereby acknowledge that all job-related information on this application is accurate, and that

\_\_\_\_\_ is an employee of \_\_\_\_\_  
(Parish/School Name)

and is part of the Archdiocese of Milwaukee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Return Form to **Pius XI Catholic High School**

**Attn: Tuition Assistance**

**135 N. 76<sup>th</sup> St.**

**Milwaukee, WI 53213**

Address questions to: [ghein@piusxi.org](mailto:ghein@piusxi.org)