Total Catholic Education Endowment Fund

Individual Education Assistance

**Application (Renewal)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Date: |  | | Social Security  Number (last 4 digits): | | | XXX-XX-\_\_\_\_\_\_\_\_ | | | | | |
| Name of Parish/ Institution (Employer): |  | | | City: | | | | | | | |
| Name of Applicant (Employee): |  | | | | | | | | | | |
| Applicant Home Address Information: | Phone: Daytime: | | | | | | | |  | | |
| Evening: | | | | | | | |  | | |
| Street: |  | | | | Home E-mail: | | | |  | | |
| Work  E-Mail: | | | |  | | |
| City: |  | | | | State: | | |  | | ZIP: |  |
| Please state Educational Goal of Assistance Request (degree, license, certificate, etc.) and desired institution: | | | | | | | | | | | |
| Total Cost of Original Grant Request (from budget): | $ | Installment payment requested this time | | | | | $ | | | | |
| Timeline: Proposed Beginning Date: | m/d/yy | Ending  Date: | | | | | m/d/yy | | | | |
| Will this installment complete your proposed education or training program:  YES  NO | | | | | | | | | | | |
| NOTE: All of the above information must be provided | | | | | | | | | | | |

Please complete the attached renewal budget form:

Please submit with this application:

current transcripts or other preliminary documentation of your successful completion of all programs/classes funded by the TCE grant on the last funding cycle (official transcripts or grade reports must be submitted when received as proof of completion).

copies of official institutional documents showing current per-hour (or in some cases per-term) tuition costs for which you are requesting renewal TCE grant funds.

Note: Incomplete renewal applications will not be submitted to the TCE Grants and Assistance Committee.

# I hereby certify that I understand and agree to the Archdiocese of Indianapolis Total Catholic Education Endowment Fund’s (TCE Fund) requirements for individual education assistance.

* **If assistance is awarded, I the recipient, at the discretion of my employer, will faithfully serve the Archdiocese of Indianapolis for five (5) years after completion of my educational program.**
* **If assistance is awarded, I the recipient, understand the assistance disbursed over the amount of $5,250.00 annually will be considered taxable compensation.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature of Assistance Applicant Signature of Pastor/President

### SUBMIT TO: [mokerson@archindy.org](mailto:mokerson@archindy.org)

### *Continue to next page please*

#### (OCS revised 09/18 mko)

|  |  |  |  |
| --- | --- | --- | --- |
| TCE INDIVIDUAL EDUCATION ASSISTANCE APPLICATION (RENEWAL) Page 2 | | | |
| 6**. Budget Form – Assistance Renewal** (Submit with Renewal Application) | | | |
| Application Date: |  |  |  |
| Name of Parish/ Institution (Employer): |  | City: |  |
| Name of Applicant (Employee): |  | | |
| College or Training  Institute to be attended: |  | | |

***List the tuition-only costs for this assistance cycle of the educational or training program:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Course**  **Number** | **Title of Course** | **Course start date mm/yyyy** | **Credit**  **Hours** | **Tuition per**  **Course** |
|  | *Example: EDU 00* | *Introduction to Education* | *01/2009* | *3* | *$ 900.00* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Tuition installment amount requested this application:** | | | | |  |

***Please list fees/books/transportation/supplies, etc. needed this cycle (Applicant’s contribution):***

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Applicant’s total contribution this cycle:** |  |

NOTE. March 1 applications are for programs or classes beginning after May 31 and October 1 applications are for programs or classes beginning after Dec. 31.

***Please describe any changes in the course-of-study/training proposal since the original application:***

|  |
| --- |
|  |

Please thoroughly recheck all information and figures before submitting. OCS Rev.09/18 mko