Total Catholic Education Endowment Fund

Individual Education Assistance

**Application (Renewal)**

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| --- | --- | --- | --- |
| Application Date:  |  | Social SecurityNumber (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

###  *Continue to next page please*

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

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| 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 TrainingInstitute 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* |
|  |       |       |       |      |       |
|  |       |       |       |      |       |
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| **Tuition installment amount requested this application:** |       |

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

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| **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:***

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