

# KREMER FOUNDATION

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"HE HAS SMILED ON OUR UNDERTAKINGS"

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## Catholic Elementary School Profile Application 2025-2026 School Year For Non-Participating Schools

School Name:	_____		
Head of School:	_____	Title:	_____
Address:	_____		
City, State & Zip:	_____		
Phone (with area code):	_____		
Arch/Diocese:	_____	Age of School Facility:	_____
School's listing in P.J. Kenedy Official Catholic Directory:	Year: _____	Page #:	_____
<b>(A School must be listed in the current edition in order to qualify. Please contact your diocese or our office for help)</b>			
Grades Offered:	_____		
Number of Teachers from Religious Communities:	_____	Number of Lay Teachers:	_____
<b>Demographics (for grades K-8 ONLY)</b>			
	<b>2024 - 2025</b>	<b>2023 - 2024</b>	<b>2022 - 2023</b>
Number of Students Per School Year:	_____	_____	_____
Ethnic Diversity:	(Approximation)		
Percentage of Caucasians: _____%	Percentage of Hispanics: _____%		
Percentage of African-Americans: _____%	Percentage of Others: _____%		
Percentage of Economic Range of Families of Students:	Lower Economic (qualify for reduced priced lunch)	Middle Income	Economically Comfortable
	_____%	_____%	_____% = 100%
	(These can be estimated)		
<b>Budget and Tuition (for grades K-8 ONLY)</b>			
Total School Budget for 2024-25 School Year:	\$ _____		
Cost per Pupil for 2024-25 School Year:	\$ _____		
Is Your School Tuition-Free? _____ (Yes or No)			
<b>(Tuition-Free Schools are NOT eligible for our Tuition Grant Program)</b>			
	<b>2024 - 2025</b>		
Yearly Tuition for one child 2024-2025 School Year: Parishioners: \$ _____	Non-Parishioners: \$ _____		
<b>(Does not include fees)</b>			
Does your School have a Tuition Assistance Program of its own? _____ (Yes or No)	Total Amount? \$ _____		
Is your School the recipient of Tuition Assistance from your State? _____ (Yes or No)	Total Amount? \$ _____		
Is your School the recipient of Tuition Assistance from your Arch/Diocese? _____ (Yes or No)	Total Amount? \$ _____		
Is your School the recipient of Tuition Assistance from other organizations? _____ (Yes or No)	Total Amount? \$ _____		
If yes, from where? _____			

\_\_\_\_\_ The head of the applicant school must initial indicating his/her confirmation that all information provided to The George and Mary Kramer Foundation is accurate and current.

\_\_\_\_\_  
Signature of Head of School - Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Additional Grant Contact - Title

\_\_\_\_\_  
Head of School's E-Mail Address

\_\_\_\_\_  
Additional Grant Contact's E-Mail Address