TUITION ASSISTANCE PROGRAM APPLICATION, 2019
CATHOLIC SCHOOLS, DIOCESE OF OGDENSBURG
PARENT CONFIDENTIAL STATEMENT

DIRECTIONS: *Please type or print the following information which will be held CONFIDENTIAL. Application must have complete information. If more space is needed, use reverse side and identify the item by number and student. Pre-School students are **NOT** eligible. **RETURN THIS FORM TO THE CATHOLIC SCHOOL THE STUDENT ATTENDS.***

1. **NAME OF STUDENTS ATTENDING SAME SCHOOL FOR WHICH APPLICATION IS MADE:**

a._____ Age_____ Grade as of 9/19_____
last first middle

b._____ Age_____ Grade as of 9/19_____
last first middle

c._____ Age_____ Grade as of 9/19_____
last first middle

d._____ Age_____ Grade as of 9/19_____
last first middle

2. **HOME ADDRESS**_____
street city/village zip

3. **SCHOOL CHILD ATTENDS as of September 2019**_____

4. **FOSTER CHILD (circle) Yes No**

5. **FAMILY RECEIVES PUBLIC ASSISTANCE (circle) Yes No**

6. **HOUSEHOLD MEMBERS & MONTHLY INCOME:**

	CURRENT INCOME RECEIVED MONTHLY			
List the Names of Everyone in Your Household	Annual Earnings from Work Before Deductions	Weekly Child Support, Alimony, Etc.	Monthly Payments from Pension or Retirement	Other Income
	Amount	Amount	Amount	Amount
1. _____	$ _____	$ _____	$ _____	$ _____
2. _____	$ _____	$ _____	$ _____	$ _____
3. _____	$ _____	$ _____	$ _____	$ _____
4. _____	$ _____	$ _____	$ _____	$ _____
5. _____	$ _____	$ _____	$ _____	$ _____
6. _____	$ _____	$ _____	$ _____	$ _____
7. _____	$ _____	$ _____	$ _____	$ _____

7. **TOTAL ANNUAL INCOME** .....$_____

8. **PLEASE VERIFY ANNUAL INCOME WITH A COPY OF YOUR 1040A.** IF YOUR INCOME HAS CHANGED SINCE YOUR MOST RECENT 1040A PLEASE VERIFY YOUR CURRENT INCOME WITH A CURRENT PAY STUB. APPLICATIONS WITHOUT VERIFICATION **WILL NOT** BE CONSIDERED.

9. **IF NO INCOME**, please explain conditions

10. **PARENT'S AUTHORIZATION**: *I have checked this form for omissions and errors. To the best of my knowledge, the information reported is complete and accurate.* (Please write comments explaining financial situation that may affect your ability to pay tuition.)

Signed_____ Date_____

11. **PASTOR'S RECOMMENDATION:** *I do (do not) recommend that the above-mentioned student(s) receive TUITION ASSISTANCE.* (Please write comments.)

Signed_____ Date_____

12. **PRINCIPAL'S RECOMMENDATION**: *I certify that the above-mentioned student(s) is (are) enrolled in this school and do (do not) recommend granting of Tuition Assistance.*

This student(s) meets the criteria for eligibility for a free or reduced lunch as determined by the National School Lunch Program. Yes _____ No _____ (Please write comments.)

Signed_____ Date_____

DECISION OF TUITION ASSISTANCE PROGRAM COMMITTEE: 1_____ 2_____ 3_____ NA_____

Funded by: THE BISHOP'S FUND
DIOCESE OF OGDENSBURG

Administered by: DEPARTMENT OF EDUCATION
DIOCESE OF OGDENSBURG
PO BOX 369
OGDENSBURG, NEW YORK 13669

Deadline for returning completed forms to Trinity Catholic School is September 1, 2019