

Application A: Due May 15, 2023



School Year _____ to _____

APPLICATION FOR SUSTAINING HOPE FOR THE FUTURE SCHOLARSHIP

(TO BE COMPLETED BY PARENT OR GUARDIAN)

Important: In order for a student to be eligible for a **Sustaining Hope for the Future Scholarship**, the family must verify annual income with a copy of their 1040 or provide a copy of the FACTS Grant and Aid Assessment at online.factsmgt.com/aid. Applications without verification will not be considered. All applications are due to the school principal no later than May 15, 2023.

Catholic School:

City/Village:

Student Information:

Name of Student (First, Middle, Last):

Grade Level (as of 9/2023):

Street Address:

City:

State:

Zip:

Name of Parents/Guardians:

How many members in the family household?

How many adult members are working?

How many school-age children are in the immediate family?

Birth-Pre-K _____

Grades K-6 _____

Grades 7-8 _____

Grades 9-12 _____

Family Receives Public Assistance (circle)

YES

NO

Describe the reason(s) why you are applying for this scholarship (attach a separate sheet if needed):

Parent/Guardian Signature:

Date:

I have reviewed the application for accuracy.

Principal Signature:

Date:

**TUITION ASSISTANCE PROGRAM APPLICATION, 2023
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 9/23 _____
last first middle

b. _____ Age _____ Grade as of 9/23 _____
last first middle

c. _____ Age _____ Grade as of 9/23 _____
last first middle

d. _____ Age _____ Grade as of 9/23 _____
last first middle

2. HOME ADDRESS

_____ street _____ city/village _____ zip

3. SCHOOL CHILD ATTENDS as of September 2023 _____

4. FOSTER CHILD (circle) Yes No

5. FAMILY RECEIVES PUBLIC ASSISTANCE (circle) Yes No

6. HOUSEHOLD MEMBERS & MONTHLY INCOME:

List the Names of Everyone in Your Household	CURRENT INCOME RECEIVED MONTHLY			
	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 1040. IF YOUR INCOME HAS CHANGED SINCE YOUR MOST RECENT 1040 PLEASE VERIFY YOUR CURRENT INCOME WITH A CURRENT PAY STUB. APPLICATIONS WITHOUT VERIFICATION WILL NOT BE CONSIDERED.