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:

	ER CHILD (circle	-	2023		
street SCHOOL CHILD ATTENDS as of September 2		city/village		zip	
HOME	ADDRESS				
	last	first	middle		
d.				Age	Grade as of 9/23
c	last	first	middle	Age	Grade as of 9/23
	last	first	middle		
b				Age	Grade as of 9/23
a	last	first	middle	Age	Grade as of 9/23

5. FAMILY RECEIVES PUBLIC ASSISTANCE (circle) Yes No

6. HOUSEHOLD MEMBERS & MONTHLY INCOME:

2

3

4

	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 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.

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_		
	COMMENDATION: <i>I do (do not) recommend that the above TANCE.</i> (Please write comments.)	-mentioned	student(s)	receive
Signed		Date_		
	RECOMMENDATION : <i>I certify that the above-mentioned stant</i> <i>not) recommend granting of Tuition Assistance.</i>	udent(s) is (i	are) enroll	ed in this sch
	(s) meets the criteria for eligibility for a free or reduced lunch as am. Yes No (Please write comments.)	s determined	l by the Na	ational School
Lunon 1 rogi				
Signed		Date		
<i>c</i>		_		
DECISION OF TU	ITION 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			
	Principal: TAP forms due to Sister Ellen Rose Coughlin, SSJ by Monday September 18, 2023			