

# STEUBENVILLE CATHOLIC SCHOOLS EST. 1890

## Financial Assistance Application Instructions

### Only One Form Necessary per Family

Application Form for:

|                                       |          |
|---------------------------------------|----------|
| CCHS Student (s) Name(s):             | 1. _____ |
|                                       | 2. _____ |
| BJKM Junior High Student (s) Name (s) | 1. _____ |
|                                       | 2. _____ |
| BJKM Elementary Student (s) Name (s)  | 1. _____ |
|                                       | 2. _____ |

Listed below is the information you need to provide for consideration of financial assistance. All information provided will be held in confidence and reviewed by members of the committee.

1. **A completed application form.**
2. **A copy of your past year 1040 Federal Tax Return including all W-2's and / or 1099's.**
3. **A letter of recommendation from your pastor.**

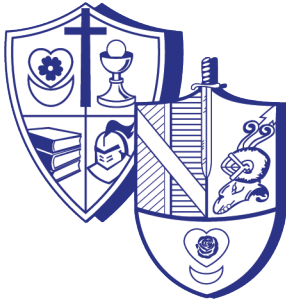
Please remember that the support for the Financial Assistance Program is made possible through the generosity of organizations and individuals that hold true the value of Catholic education. After application of any financial assistance the remaining tuition balance is your responsibility and must be paid in full by May 30<sup>th</sup>.

**Conditions for Accepting Financial Assistance are as follows:**

- Family must complete the FACTS online Application and Enrollment and select a payment option method. Family **must** abide by the FACTS payment option selected.
- Family must have submitted the EdChoice Expansion application to the Finance Office.
- The family must participate in the SCRIP program.
- The student must comply with the school's attendance policy.
- The student must maintain a satisfactory level of behavior.
- The family is expected to participate in weekly Sunday Mass.

To be given fullest consideration for financial assistance your completed application and all necessary documents **must be returned by May 15<sup>th</sup> of this year.**

|                       |                             |
|-----------------------|-----------------------------|
| FOR OFFICE USE ONLY   |                             |
| Tax Return _____      | Number in Household _____   |
| W2's _____            | Total Income _____          |
| Pastors' Letter _____ | (from line 7b of Form 1040) |



STEUBENVILLE  
**CATHOLIC**  
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Student(s) Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Family Parish / Church Membership: \_\_\_\_\_

LEGAL FATHER / Guardian Name: \_\_\_\_\_

Legal Father / Guardian Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Occupation of Father / Guardian: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Length of employment: \_\_\_\_\_

LEGAL MOTHER / Guardian Name: \_\_\_\_\_

Legal Mother / Guardian Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Occupation of Mother / Guardian: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Length of employment: \_\_\_\_\_

OTHER adult household income: [whether or not a legal guardian of child (ren)] \$ \_\_\_\_\_

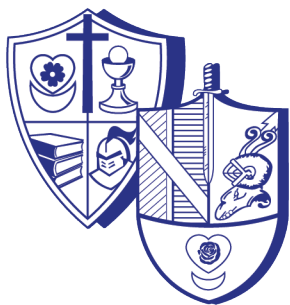
If NONE, please check to confirm:

If there is a voluntary or court ordered arrangement between parents to contribute separately to the cost of tuition, or tuition and fees are paid from a trust or shared by some other third party, what is the percentage of total tuition and fees to be charged to each party: *(Court document MUST be provided)*

Mother only \_\_\_%    Father only \_\_\_%    Trust \_\_\_%    Other \_\_\_%

This application for financial assistance is being submitted on behalf of:

Both parents jointly     Mother only     Father only



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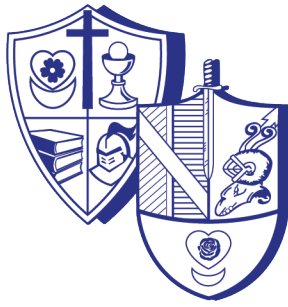
OTHER CONTRIBUTING PARTY (state relationship i.e. grandparent, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: City, State, Zip Code: \_\_\_\_\_

OTHER DEPENDENTS:

|       |                                  |                  |
|-------|----------------------------------|------------------|
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |
| _____ | _____                            | _____            |
| Name  | Grade / year in college or other | School Attending |



# STEUBENVILLE CATHOLIC SCHOOLS EST. 1890

**Statement of parent/guardian - indicating need for financial assistance (extenuating circumstances):**

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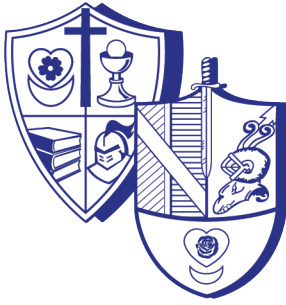
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**DOCUMENTATION CHECK LIST:**

1. What is your family *SCRIP* identification number? # \_\_\_\_\_
  2. Has your family officially registered with the school?  Yes  No
  3. Have you completed the *FACTS* online Application and Enrollment?  Yes  No
  4. Have you submitted the *EdChoice* Expansion Application to the Finance Office along with supporting documents?  Yes  No
  5. Have you applied to the *Immaculate Heart Fund* for assistance?  Yes  No
  6. Have you applied to the *Kremer Foundation Scholarship*?\*  Yes  No
- \*(For those in grades 7-8 and meeting Income Requirements)

- I have completed the Financial Assistance Application Form and have included my most recent **FEDERAL TAX RETURN** including all W2's and 1099's.
- I have included my **PASTOR'S LETTER OF RECOMMENDATION** with this application.



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*I have read and accept the conditions for accepting financial assistance (page1) should my child(ren) receive assistance.*

SIGNATURE OF RESPONSIBLE PARTY (IES)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Return all forms to:

**Steubenville Catholic Schools  
Financial Assistance Review Committee  
320 West View  
Steubenville, Ohio 43952**