



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 according to the terms of your tuition payment plan.

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 first apply for the EdChoice Expansion Scholarship **if** they meet qualifications.
- 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 April 30, 2024.**

FOR OFFICE USE ONLY	
Tax Return _____	Number in Household _____
W2's _____	Total Income _____
Pastors' Letter _____	(from line 9 of Form 1040)



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

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 for the *Christ the Teacher Scholarship*? Yes No

- 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 (page 1) 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**