

Your application will NOT be considered unless a 2017 Tax Return and W-2 is included with this application.

Sacred Heart of Jesus
260 Broad Street
Wadsworth OH 44281
(330) 336-3049

Tuition Assistance Program Application
2018-2019 School Year

Are you registered members of Sacred Heart Parish? Yes No

Did you apply for assistance through T.A.P. for the 2017-2018 school year? Yes No

If so, total amount granted from T.A.P. last year \$_____ (an amount must be given)

How much financial aid is needed for next year? \$_____ (an amount must be requested)

Family Information - please PRINT legibly

.....
(Last Name of Parents/Guardian) (First Name/s)

.....
(House #) (Street Name) (City) (Zip)

.....
(Home phone #) (Husband's work #) (Wife's work #)

List others living in the family home. Put an (*) next to those attending Sacred Heart School in 2018-2019

.....
(Last Name) (First Name) (Relationship/school attending)

.....
(Last Name) (First Name) (Relationship/school attending)

.....
(Last Name) (First Name) (Relationship/school attending)

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(Last Name) (First Name) (Relationship/school attending)

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(Last Name) (First Name) (Relationship/school attending)

.....
(Last Name) (First Name) (Relationship/school attending)

Employment Information

.....
(Employer) (Address) (Phone #)

.....
(Spouse's employer) (Address) (Phone #)

Please state the reason for this request:

.....
.....
.....
.....
.....
.....
.....
.....
.....

Financial Information - please list *monthly* amounts

	<u>Income</u>		<u>Expenses</u>
Pay	_____	Rent/House payment	_____
ADC (Case #)	_____	Car(s) payment	_____
Child Support	_____	Child Care	_____
Food Stamps	_____	Insurance	_____
Social Security	_____	Utilities/Food	_____
Other (explain)	_____	Other (explain)	_____
Total	_____	Total	_____

.....
(Signature of Applicant(s) (Date)

Please attach a copy of your 2017 Federal Income Tax Return. Be certain to include all supporting documents. (2017 Wage/Earnings statements, etc.) If the above information is not provided, your application is incomplete and will NOT be considered for assistance.

Return this form no later than Monday, March 16, 2018 to:

Sacred Heart of Jesus
Attn.: Tuition Committee
260 Broad Street
Wadsworth OH 44281

If you have any questions regarding this form, please call the parish office at 330-336-3049.

(For Tuition Committee Only)

Date of Evaluation _____

Amount of tuition to be paid \$ _____