

**Your application will NOT be considered unless a 2018 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**  
**2019-2020 School Year**

Are you registered members of Sacred Heart Parish? Yes No

Did you apply for assistance through T.A.P. for the 2018-2019 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 2019-2020**

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

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

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

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

.....  
(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**

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

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

**Please attach a copy of your 2018 Federal Income Tax Return. Be certain to include all supporting documents. (2018 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 Friday, March 15, 2019 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 \$ \_\_\_\_\_