

Your application will NOT be considered until you have applied for the Ed Choice Scholarship

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

In order to be considered for ASF you must complete this form and the attached ASF application.

ANGEL SCHOLARSHIP FUND (ASF)
Application for the 2024-2025 School Year

Are you registered members of Sacred Heart Parish? Yes No
Did you apply for the Ed Choice Scholarship for the 2023-2024 school year? Yes No

If you answered no above you must apply for the EdChoice Scholarship prior to applying for the Angel Scholarship

If you answered yes above, what is your OH Financial Poverty Level Percentage? _____

Considering your Ed Choice Scholarship award, how much ASF 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 2024-2025

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

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(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 either your 2023 Federal Income Tax Return with all supporting documents. (2023 Wage/Earnings statements, etc.) or your 2023 W-2 Form. If this information is not provided, your application is incomplete and will NOT be considered.

Return this form no later than Friday, March 31, 2024 to:

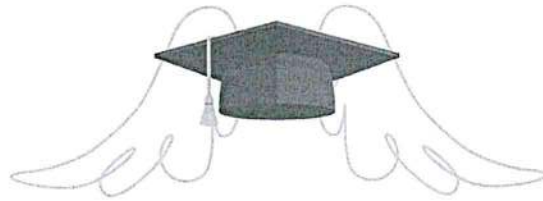
Sacred Heart of Jesus
Attn.: M. Gegick/Tuition Committee
260 Broad Street
Wadsworth OH 44281

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 \$ _____



ANGEL SCHOLARSHIP FUND

*Turning taxes into tuition with the
Catholic Community Foundation*

Angel Scholarship Tuition Assistance Application for the 2024-2025 School Year

I acknowledge that I am applying for tuition assistance from the Angel Scholarship Fund. The source of this financial assistance is contributions that have been designated to my school that are to be applied toward my child's/children's tuition balance. I understand that completing this application does not guarantee a tuition assistance award as funds are limited and awards are based on family financial need. I certify that all financial information provided for Angel Scholarship Tuition Assistance is true and correct.

School Name _____

Child Name(s) _____

Parent Name(s) _____

Parent Signature(s) _____

Date _____