TUITION ASSISTANCE PROGRAM APPLICATION, 2023 CATHOLIC SCHOOLS, DIOCESE OF OGDENSBURG PARENT CONFIDENTIAL STATEMENT

DIRECTIONS: Please type or print the following information which will be held CONFIDENTIAL. Application must have complete information. If more space is needed, use reverse side and identify the item by number and student. Pre-School students are NOT eligible. RETURN THIS FORM TO THE CATHOLIC SCHOOL THE STUDENT ATTENDS.

HOOL CHILD ATTI	ENDS as of September			*
	street	city/village		zip
OME ADDRESS				
last	first	middle		
l .			Age	Grade as of 9/23
last	first	middle		
c			Age	Grade as of 9/23_
last	first	middle		
D	-		Age	Grade as of 9/23_
last	first	middle		
a	first		Age	Grade as of 9/23_

No

- 5. FAMILY RECEIVES PUBLIC ASSISTANCE (circle) Yes
- 6. HOUSEHOLD MEMBERS & MONTHLY INCOME:

	CURRENT INCOME RECEIVED MONTHLY				
List the Names of Everyone in Your Household	Annual Earnings from Work Before Deductions	Weekly Child Support, Alimony, Etc.	Monthly Payments from Pension or Retirement	Other Income	
1. 2. 3. 4. 5. 6. 7.	Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

.	TOTAL ANNUAL INCOME	\$

^{8.} **PLEASE VERIFY ANNUAL INCOME WITH A COPY OF YOUR 1040.** IF YOUR INCOME HAS CHANGED SINCE YOUR MOST RECENT 1040 PLEASE VERIFY YOUR CURRENT INCOME WITH A CURRENT PAY STUB.

9. IF NO INCOM	E, please explain conditions				
	JTHORIZATION: I have checked the rted is complete and accurate. (Please tion.)				
Signed			Date		
	COMMENDATION: I do (do not STANCE. (Please write comments.)) recommend that th	he above-mentioned	l student(s) r	receive
Signed			Date		
and do (do This student	RECOMMENDATION: I certify not) recommend granting of Tuition (s) meets the criteria for eligibility fram. Yes No	Assistance. for a free or reduced	d lunch as determin		
Signed			Date		
DECISION OF TU	TITION ASSISTANCE PROGRAM	M COMMITTEE:	1 2	3	NA
Funded by:	THE BISHOP'S FUND DIOCESE OF OGDENSBURG	3			
Administered by:	DEPARTMENT OF EDUCAT DIOCESE OF OGDENSBURG PO BOX 369 OGDENSBURG, NEW YORK	3			
	Principal: TAP forms due to S by Monday September 18, 202		oughlin, SSJ		