



9. **IF NO INCOME**, please explain conditions

10. **PARENT'S AUTHORIZATION:** *I have checked this form for omissions and errors. To the best of my knowledge, the information reported is complete and accurate.* (Please write comments explaining financial situation that may affect your ability to pay tuition.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

11. **PASTOR'S RECOMMENDATION:** *I do (do not) recommend that the above-mentioned student(s) receive TUITION ASSISTANCE.* (Please write comments.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

12. **PRINCIPAL'S RECOMMENDATION:** *I certify that the above-mentioned student(s) is (are) enrolled in this school and do (do not) recommend granting of Tuition Assistance.*

This student(s) meets the criteria for eligibility for a free or reduced lunch as determined by the National School Lunch Program. Yes \_\_\_\_\_ No \_\_\_\_\_ (Please write comments.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**DECISION OF TUITION ASSISTANCE PROGRAM COMMITTEE:** 1\_\_\_\_\_ 2\_\_\_\_\_ 3\_\_\_\_\_ NA\_\_\_\_\_

*Funded by:* THE BISHOP'S FUND  
DIOCESE OF OGDENSBURG

*Administered by:* DEPARTMENT OF EDUCATION  
DIOCESE OF OGDENSBURG  
PO BOX 369  
OGDENSBURG, NEW YORK 13669

**Principal: TAP forms due to Sister Ellen Rose Coughlin, SSJ  
by Friday September 13, 2019**