SACRED HEART SCHOOL
CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION FORM
School Year 2017-2018

Father/Mother/Guardian Name: _____
Phone Number: ( ) _____-_____
Address: _____
_____

Student(s) Name(s):_____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Financial Information (**documentation required**)

2016 Adjusted Gross Income (**Form 1040 Attached)**
Number in household = _____ ==========

Please check whichever one is applicable:
(For special circumstances, see next page)

_____ I (we) qualify for the HALF voucher and would like to apply for an additional $1,000/$500 SGO Tax Scholarship.

_____ I (we) have a Kindergarten student and would like to apply for the SGO Tax Scholarship.

_____ I (we) need to schedule an appointment with Mr. Barlag

_____ I (we) have read the requirements for "actively involved parishioners", believe that I (we) meet those requirements, and would like to be considered for the 5% rate of tuition.

_____ I (we) do not meet the requirements for "actively involved parishioners" and would like to be considered for the 10% rate of tuition.

_____ _____
Signature Date Signature Date

_____ _____
Parish Representative Date Received

Special Circumstances: Please provide detail of any special situation you and your family may have which affects your ability to pay the 5% (for active parishioners) or 10% (for non-Catholic or non active parishioners) of your family's adjusted gross income.

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I (we) can commit to $_____ for tuition for school year 2017-2018.

_____ _____

Signature Date Signature Date

_____ _____

Parish Representative Date Received