

SACRED HEART SCHOOL
CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION FORM
School Year 2018-2019

Father/Mother/Guardian Name: _____

Phone Number: () _____ - _____

Email Address: _____

Address: _____

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

_____ Grade: _____

_____ Grade: _____

Financial Information (**documentation required**)

2017 Adjusted Gross Income (**Form 1040 Attached**)

Number in household = _____ =====

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

_____ I (we) qualified last school year for the HALF Choice Scholarship and would like to apply for an additional \$1,000/\$500 SGO Tax Scholarship.

_____ I (we) qualified last school year for a full Choice Scholarship.

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

_____ Last year we received \$ _____ in parish financial assistance.

_____ 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.

I (we) can commit to \$_____ for tuition for school year 2018-2019.

_____ Signature	_____ Date	_____ Signature	_____ Date
--------------------	---------------	--------------------	---------------

_____ Parish Representative	_____ Date Received
--------------------------------	------------------------