



# DUBOIS CENTRAL CATHOLIC

## CONFIDENTIAL

### TUITION AID APPLICATION FORM FOR THE SCHOOL YEAR 2020-2021

### PRE-K THROUGH HIGH SCHOOL

A needs-based scholarship program that provides tuition assistance to students who enroll in DuBois Central Catholic. To be eligible for the scholarship, you must meet the following income guidelines as a resident of the Commonwealth of Pennsylvania

TUITION ASSISTANCE INCOME GUIDELINES	Number of Dependents	Maximum Income (PA)	Number of Dependents	Maximum Income (PA)
	1	\$107,000	4	\$158,000
	2	\$124,000	5	\$175,000
	3	\$141,000	6	\$192,000

#### READ ALL DIRECTIONS BEFORE BEGINNING TO FILL OUT THIS FORM

1. A **custodial parent, step-parent** or **guardian** must complete and sign the application form.
2. Complete **one form per family**. If there is more than one child in the family applying for aid, they are all to be included on a single form. You must include the entire household income. (Including non-parental income)
3. Answer items **completely and honestly**. Do not leave any item blank unless it does not apply to the family. Feel free to attach any explanation which may help us better understand your family situation.
4. If projected 2020 income/expenses varies significantly from 2019, you should attach an explanation. It is important that you notify your respective school of your situation.
5. Information on the form is **confidential**, and will only be used to determine financial need.
6. If Catholic, name of your parish \_\_\_\_\_ City \_\_\_\_\_

#### PLEASE INCLUDE THIS INFORMATION WITH YOUR APPLICATION

- A)** A copy of ALL pages of your **2019 Pennsylvania Income Tax Return**, including all schedules. Non-Residents of Pennsylvania should include a copy of your Federal Tax Return. For e-filers and tele-filers, include a copy of the online work sheet.
- B)** Copies of ALL 2019 W-2s, Schedule C and 1099s for parent/guardian/applicants. No copies will be returned.
- C) IMPORTANT:** If the above items do not accompany this application your application will not be processed.

# 7. STUDENT AID FORM 2020-2021

CIRCLE ONE FATHER STEP-FATHER GUARDIAN			CIRCLE ONE MOTHER STEP-MOTHER GUARDIAN		
SOCIAL SECURITY NO.			SOCIAL SECURITY NO.		
NAME		AGE	NAME		AGE
HOME ADDRESS			HOME ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
EMPLOYED BY		YEARS WITH FIRM	EMPLOYED BY		YEARS WITH FIRM
NUMBER OF PERSONS RESIDING IN YOUR HOUSEHOLD FOR THE 2019-2020 SCHOOL YEAR			PARENTS / GUARDIANS ( ) OTHER ( ) CHILDREN ( )		

## 8. DEPENDENTS — LIST ALL DEPENDENTS

CHILD'S LAST NAME	CHILD'S FIRST NAME	M.I.	DATE OF BIRTH	SEX	NAME OF SCHOOL FOR 2020-2021 CITY	SCHOOL CODE SEE LAST PAGE	GRADE LEVEL FALL 2020
1.	SS#						
2.	SS#						
3.	SS#						
4.	SS#						
5.	SS#						

## 9. PENNSYLVANIA EARNED INCOME

Gross **Pennsylvania Earned Income** during 2019 — Applicants should attach a copy of their W-2s and PA 2019 income tax return

### 2019 ACTUAL

Father/Stepfather/Male Guardian Earned Income..... \$ \_\_\_\_\_ .00

Mother/Stepmother/Female Guardian Earned Income..... \$ \_\_\_\_\_ .00

**Other persons contributing to household income:**

RELATIONSHIP TO APPLICANT:

\_\_\_\_\_ \$ \_\_\_\_\_ .00

### DO YOU OWN ANY OF THE FOLLOWING?

- Yes     No    **BUSINESS** — Attach Schedule C or C-EZ (Form 1040)  
 Yes     No    **FARM** — Attach Schedule F (Form 1040)  
 Yes     No    **RENTAL PROPERTY** — Attach Schedule E (Form 1040)  
 Yes     No    **S CORPORATION** — Attach Schedule E (Form 1040), Form 11205 and Schedule K-1  
 Yes     No    **PARTNERSHIP** — Attach Schedule E (Form 1040), Form 1065 and Schedule K-1

**OTHER INCOME**

2019 ACTUAL

11. WELFARE INCOME / FOOD STAMPS (ANNUAL AMOUNT) .....	\$ _____	.00
12. UNEMPLOYMENT BENEFITS (ANNUAL AMOUNT) .....	\$ .....	00
13. TOTAL SOCIAL SECURITY, RETIREMENT, INSURANCE, DISABILITY, VETERAN'S BENEFITS received by <b>ALL</b> family members (including children) (ANNUAL AMOUNT) .....	\$ .....	00
14. ALIMONY, PLUS CHILD SUPPORT YOU RECEIVED (ANNUAL AMOUNT) .....	\$ .....	00
15. RENTAL INCOME YOU RECEIVED (ANNUAL AMOUNT) .....	\$ .....	00
16. MILITARY INCOME (ANNUAL AMOUNT) .....	\$ .....	00
17. INTEREST INCOME (ANNUAL AMOUNT) .....	\$ .....	00
18. DIVIDEND INCOME (ANNUAL AMOUNT) .....	\$ .....	00
19. OTHER INCOME RECEIVED (ANNUAL AMOUNT) (Indicate source) .....	\$ .....	00

**OTHER EXPENSES**

20. RENTAL — Amount paid (ANNUAL AMOUNT) .....	\$ _____	.00
21. MORTGAGE PAYMENT — Amount paid (ANNUAL AMOUNT) (include second mortgage, home equity and loan payments) .....	\$ .....	00
22. INSURANCE AND TAX AMOUNT IF PAID SEPARATELY FROM MORTGAGE (ANNUAL AMOUNT) .....	\$ .....	00
23. CHILD CARE COST (Paid by parents) (ANNUAL AMOUNT) .....	\$ .....	00
24. CHILD SUPPORT — Amount paid (ANNUAL AMOUNT) .....	\$ .....	00
25. <b>ANNUAL</b> MEDICAL EXPENSES (doctor, dental and medicines only) <b>not reimbursed by insurance</b> (If over \$3000, attach an itemized explanation of all medical expenses not reimbursed by insurance) .....	\$ .....	00
26. MEDICAL INSURANCE PREMIUMS PAID BY EMPLOYEE/INDIVIDUAL (ANNUAL AMOUNT) .....	\$ .....	00
27. AUTOMOBILE LOAN OR LEASE PAYMENTS (ANNUAL AMOUNT) .....	\$ .....	00
28. AUTO INSURANCE (ANNUAL AMOUNT) .....	\$ .....	00
29. CHARITABLE CONTRIBUTIONS (ANNUAL AMOUNT) .....	\$ .....	00

**ASSETS**

30. CHECKING AND SAVINGS ACCOUNTS—List the current amount in accounts held by <b>custodial parents</b> . (Exclude money in any IRA or retirement accounts) .....	\$ _____	.00
31. OTHER FINANCIAL ASSETS (Stocks, bonds, mutual funds, CDs, etc.) — held by <b>custodial parents</b> (Exclude money in any IRA or retirement accounts) .....	\$ .....	00

**PLEASE INCLUDE THIS INFORMATION WITH YOUR APPLICATION**  
**Failure to include this information may exclude your family from any tuition assistance.**

- A) A copy of ALL pages of your 2019 Pennsylvania Income Tax Return, including all schedules. Non-Residents of Pennsylvania should include a copy of your Federal Tax Return.
- B) Copies of ALL 2019 W-2s, Schedule C and 1099s for individuals listed as parent/guardian/applicants. No copies will be returned.

My signature testifies that I believe the information on this form is complete and accurate. (Please print clearly all information except signatures.) I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete. Furthermore, if requested, I agree to send to DuBois Central Catholic a copy of my 2019 federal income tax return or other verification.

**INQUIRIES AND  
RESPONSES TO  
BE DIRECTED TO:**



PARENT'S OR GUARDIAN'S SIGNATURE \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
PHONE (HOME): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_  
MAY WE CONTACT YOU AT WORK? YES \_\_\_ NO \_\_\_ PHONE (WORK): \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	REVIEWED BY: _____ DATE: _____
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**MAIL TO: DuBois Central Catholic  
Attn: Business Office  
PO Box 567  
DuBois PA 15801**