

Shenango Valley Catholic School System

TUITION AID APPLICATION FORM FOR THE SCHOOL YEAR 2018 - 2019 FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL

APPLICATION DUE DATE - APRIL 16, 2018

Students in: Saint John Paul II _____ Kennedy Catholic Middle School _____ Kennedy Catholic High School _____	Name(s): _____ Total Number of Students Applying _____
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By completing the following application, your children may be eligible for **two separate scholarship programs**. You only need to apply once to be eligible for both the SVCSS financial aid programs and The PA Educational Improvement Tax Credit Scholarship administered by The Shenango Valley Foundation.

- **The SVCSS Assistance Program** - A needs-based scholarship program that helps students attend a **Catholic High, Middle and/or Elementary School** in the Shenango Valley Catholic School System.
- **The Shenango Valley Foundation** - A separate needs-based scholarship program that provides tuition assistance for students who enroll in either a **Catholic High, Middle or Elementary School**. To be eligible for the scholarship, you must meet the following income guidelines as a resident of the Commonwealth of Pennsylvania. This scholarship was established as a result of The Education Improvement Tax Credit program established by the Commonwealth of PA .

Maximum Annual Income per number of dependents (PA):

**SHENANGO VALLEY
FOUNDATION INCOME
GUIDELINES**

1 \$93,178	4 \$139,768
2 \$108,708	5 \$155,298
3 \$124,238	6 \$170,828

PLEASE READ ALL DIRECTIONS BEFORE BEGINNING TO FILL OUT THIS APPLICATION

- 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.
- 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 2018 income/expenses varies significantly from 2017, you should attach an explanation. It is important that you notify your respective school of your situation.
- 5 Processing cost for the application is **\$15.00 per family** made payable to **SVCSS**.
- 6 Information on the form is **confidential**, and will only be used to determine financial need.
7. If Catholic, name of your Parish _____ City _____

PLEASE INCLUDE THIS INFORMATION WITH YOUR APPLICATION

- A) A copy of ALL pages of your **2017 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 on-line work sheet.
- B) Copies of ALL 2017 W-2s, Schedule C and 1099s for parent/guardian/applicants. No copies will be returned.
- C) The **\$15.00 processing fee** for this application made payable to **SVCSS**.
- D) **IMPORTANT: If the above items do not accompany this application your application will not be processed.**

STUDENT AID FORM 2018-2019

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 2017-2018 SCHOOL YEAR									
PARENTS / GUARDIANS ()				OTHER ()		CHILDREN ()			

DEPENDENTS — LIST ALL DEPENDENTS

CHILD'S LAST NAME	CHILD'S FIRST NAME	M.I.	DATE OF BIRTH	SEX	NAME OF SCHOOL FOR 2018-2019 CITY	SCHOOL CODE SEE LAST PAGE	GRADE LEVEL FALL 2018
1.	SS#						
2.	SS#						
3.	SS#						
4.	SS#						
5.	SS#						

Are any of the above listed children attending Catholic Schools identified as Special Needs students? Yes No
 If yes, enclose a copy of the Individual Education Plan (IEP) or other verification as provided by the school.

PENNSYLVANIA EARNED INCOME

10. Gross **Pennsylvania Earned Income** during 2017 — Applicants should attach a copy of their W-2s and PA 2017 income tax return

<div style="border: 1px solid black; padding: 5px;"> <p>NO INCOME CODE</p> <p>A. Deceased</p> <p>B. Retired</p> <p>C. Divorced and remarried</p> <p>D. Separated or divorced and not living with the family</p> <p>E. Disabled or sick</p> <p>F. Unemployed</p> <p>G. Stay At Home Parent</p> <p>H. Other: _____</p> </div>	<p>Father/Stepfather/Male Guardian Earned Income..... \$ _____ .00</p> <p style="text-align: center;">REASON NO INCOME LISTED</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Mother/Stepmother/Female Guardian Earned Income..... \$ _____ .00</p> <p style="text-align: center;">REASON NO INCOME LISTED</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Other persons contributing to household income: excluding grandparents RELATIONSHIP TO APPLICANT: _____ \$ _____ .00</p>	<p>2017 ACTUAL</p>
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DO YOU OWN ANY OF THE FOLLOWING?

- | | | |
|------------------------------|-----------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | BUSINESS — Attach Schedule C or C-EZ (Form 1040) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | FARM — Attach Schedule F (Form 1040) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | RENTAL PROPERTY — Attach Schedule E (Form 1040) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | S CORPORATION — Attach Schedule E (Form 1040), Form 11205 and Schedule K-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | PARTNERSHIP — Attach Schedule E (Form 1040), Form 1065 and Schedule K-1 |

OTHER INCOME	2017 ACTUAL
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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 ALL 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. GRADE/HIGH SCHOOL COSTS (Paid by parents) (ANNUAL AMOUNT)	\$ _____ .00
25. TRADE SCHOOL/COLLEGE/UNIVERSITY COSTS (Paid by parents) (ANNUAL AMOUNT)	\$ _____ .00
26. STUDENT LOAN PAYMENTS (ANNUAL AMOUNT)	\$ _____ .00
27. CHILD SUPPORT — Amount paid (ANNUAL AMOUNT)	\$ _____ .00
28. ANNUAL MEDICAL EXPENSES (doctor, dental and medicines only) not reimbursed by insurance (If over \$3000, attach an itemized explanation of all medical expenses not reimbursed by insurance)	\$ _____ .00
29. MEDICAL INSURANCE PREMIUMS PAID BY EMPLOYEE/INDIVIDUAL (ANNUAL AMOUNT)	\$ _____ .00
30. AUTOMOBILE LOAN OR LEASE PAYMENTS (ANNUAL AMOUNT)	\$ _____ .00
31. AUTO INSURANCE (ANNUAL AMOUNT)	\$ _____ .00
32. CHARITABLE CONTRIBUTIONS (ANNUAL AMOUNT)	\$ _____ .00

ASSETS

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

AS OF 12/31/2017	HOME	FARM	OTHER REAL ESTATE	OTHER REAL ESTATE
If owned, year purchased				
Estimated Market Value	\$.00	\$.00	\$.00	\$.00
Purchase Price	\$.00	\$.00	\$.00	\$.00
Unpaid Mortgage	\$.00	\$.00	\$.00	\$.00

If you require more room, please attach additional pages.

SCHOOL CODES

HIGH SCHOOLS		GRADE SCHOOLS	
01	Brookfield	102	Saint John Paul II
02	Farrell	105	Stedward
03	Greenville	106	Kennedy Catholic Middle School
04	Joseph Badger	107	St. Michael
05	Hermitage	108	St. Patrick, Hubbard
06	Reynolds	109	St. Vitus
07	Sharon	110	Grove City
08	Sharpsville	112	Ben Franklin Jr. High
09	West Middlesex	114	Brookfield
10	Commodore Perry	115	Conneaut Lake
11	Conneaut Lake	116	Farrell
12	Shenango	117	Greenville
13	Grove City	118	Hermitage
14	Hubbard	119	Laurel
15	Jamestown	120	Mercer
16	Mercer	121	Neshannock
17	Neshannock	124	Reynolds
18	New Castle	125	Sharon
19	Wilmington	126	Sharon Christian Academy
20	Youngstown	127	Sharpsville
21	Liberty	130	West Middlesex
22	Mohawk	137	Mohawk
23	Union Township	143	New Castle Christian Academy
24	Laurel	145	Lakeview
41	Kennedy Catholic	154	Home School
99	All Other High Schools	199	All Other Grade Schools

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 2017 Pennsylvania Income Tax Return, including all schedules.
Non-Residents of Pennsylvania should include a copy of your Federal Tax Return.
- B) Copies of ALL 2017 W-2s, Schedule C and 1099s for individuals listed as parent/guardian/applicants.
- C) The \$15.00 processing fee for this application made payable to SVCSS.

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. Further, if requested, I agree to send to the Tuition Assistance Program a copy of my 2015 federal income tax return or other verification.

Do you have a 529 Plan? Yes No

Parent's or Guardian's Signature: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE (HOME): _____ CELL: _____

Enclose check for \$15.00 payable to SVCSS

**MAIL TO: SVCSS Financial Aid
2120 Freeway
Hermitage, PA 16148**