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The Primary Health Network Charitable Foundation

Tuition Assistance Application Form
for the 2018-2019 School Year

APPLICATION DUE: MARCH 27, 2018

All forms must be postmarked no later than March 25, 2018 to be accepted.

By completing the following application, you will determine your children's eligibility for scholarships offered by the Primary Health Network Charitable Foundation (PHNCF). These are need-based scholarship opportunities that assist students attending a private school in the commonwealth of Pennsylvania. To be eligible for this scholarship, you must meet the following income guidelines as a resident of Pennsylvania. PHNCF is a scholarship organization accredited through the Education Improvement Tax Credit (EITC) Program.

PHNCF Income Guidelines	Number of Dependents	Maximum Income (PA)	Number of Dependents	Maximum Income (PA)
	1	\$79,178	4	\$125,768
	2	\$94,708	5	\$141,298
	3	\$110,238	6	\$156,828

READ ALL DIRECTIONS BEFORE FILLING 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.
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 will vary significantly from 2017, please 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.

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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
ADDRESS				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 2017
1.	----- SS#				-----		
2.	----- SS#				-----		
3.	----- SS#				-----		
4.	----- SS#				-----		
5.	----- SS#				-----		
6.	----- 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 Individualized Education Plan (IEP) or other verification as provided by the school.

PENNSYLVANIA EARNED INCOME

	2017 ACTUAL	2018 ESTIMATED																																				
10. Gross Pennsylvania Earned Income during 2017 – Applicants should attach a copy of their W-2s and PA 2017 income tax return																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NO INCOME CODE</td> <td style="width: 35%;">Father/Stepfather/Male Guardian Earned Income.....</td> <td style="width: 20%; text-align: right;">\$ _____ .00</td> <td style="width: 20%; text-align: right;">\$ _____ .00</td> </tr> <tr> <td>A. Deceased</td> <td>REASON NO INCOME LISTED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. Retired</td> <td>Mother/Stepmother/Female Guardian Earned Income.....</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td>C. Divorced & remarried</td> <td>REASON NO INCOME LISTED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>D. Separated or divorced and not living with the family</td> <td>Other persons contributing to household income: <i>excluding grandparents</i></td> <td></td> <td></td> </tr> <tr> <td>E. Disabled or sick</td> <td>RELATIONSHIP TO APPLICANT:</td> <td></td> <td></td> </tr> <tr> <td>F. Unemployed</td> <td>_____</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td>G. Stay at Home Parent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>H. Other: _____</td> <td></td> <td></td> <td></td> </tr> </table>	NO INCOME CODE	Father/Stepfather/Male Guardian Earned Income.....	\$ _____ .00	\$ _____ .00	A. Deceased	REASON NO INCOME LISTED	<input type="checkbox"/>	<input type="checkbox"/>	B. Retired	Mother/Stepmother/Female Guardian Earned Income.....	\$ _____ .00	\$ _____ .00	C. Divorced & remarried	REASON NO INCOME LISTED	<input type="checkbox"/>	<input type="checkbox"/>	D. Separated or divorced and not living with the family	Other persons contributing to household income: <i>excluding grandparents</i>			E. Disabled or sick	RELATIONSHIP TO APPLICANT:			F. Unemployed	_____	\$ _____ .00	\$ _____ .00	G. Stay at Home Parent				H. Other: _____					
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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) |

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OTHER INCOME	2017 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 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, attached an itemized explanation of all medical expenses not reimbursed by insurance).....	\$ _____ .00
29. MEDICAL INSURANCE PREMIUMS PAID BY EMPLOYEE/INDIVIDUAL (ANNUAL AMOUNT).....	\$ _____ .00
30. CREDIT CARD PAYMENTS (ANNUAL AMOUNT).....	\$ _____ .00
31. AUTOMOBILE LOAN OR LEASE PAYMENTS (ANNUAL AMOUNT).....	\$ _____ .00
32. AUTO INSURANCE (ANNUAL AMOUNT).....	\$ _____ .00
33. CHARITABLE CONTRIBUTIONS (ANNUAL AMOUNT).....	\$ _____ .00

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

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PLEASE INCLUDE THE FOLLOWING 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. 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. Further, if requested, I agree to send to the PHNCF a copy of my 2017 federal income tax return or other verification.

NOTIFICATION LETTERS MAILED NO LATER THAN JUNE 1, 2018

Parent or guardian's signature: _____

Name _____

Address _____

City, State, Zip _____

Email _____

Primary Phone _____

May we contact you at work? Yes ___ No ___ Work Phone _____

FOR OFFICE USE ONLY

Reviewed by _____

Date _____

Mail to: PHNCF, ATT: Confidential Tuition
Assistance Program
P.O. Box 716
Sharon, PA 16146

Please contact PHNCF with any questions or concerns: 724-981-2875 ext. 415.

