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The Primary Health Network Charitable Foundation

Tuition Assistance Application Form
2020-2021 School Year

APPLICATION DUE: April 15, 2020

All forms must be postmarked no later than April 13, 2020 to be accepted.

PHNCF Income Guidelines

Number of Dependents	Maximum Income (PA)	Number of Dependents	Maximum Income (PA)
1	\$90,000	4	\$137,526
2	\$105,842	5	\$153,368
3	\$121,684	6	\$169,210

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.

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 2020 income/expenses will vary significantly from 2019, 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 2020-2021

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 2019-2020 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 2020-2021 CITY	GRADE LEVEL FALL 2020
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

	2019 ACTUAL	2020 ESTIMATED																		
10. Gross Pennsylvania Earned Income during 2019 – Applicants should attach a copy of their W-2s and PA 2019 income tax return																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NO INCOME CODE</td> <td></td> </tr> <tr> <td>A. Deceased</td> <td>Father/Stepfather/Male Guardian Earned Income.....</td> </tr> <tr> <td>B. Retired</td> <td>REASON NO INCOME LISTED</td> </tr> <tr> <td>C. Divorced & remarried</td> <td>Mother/Stepmother/Female Guardian Earned Income.....</td> </tr> <tr> <td>D. Separated or divorced and not living with the family</td> <td>REASON NO INCOME LISTED</td> </tr> <tr> <td>E. Disabled or sick</td> <td>Other persons contributing to household Income: <i>excluding grandparents</i></td> </tr> <tr> <td>F. Unemployed</td> <td>RELATIONSHIP TO APPLICANT:</td> </tr> <tr> <td>G. Stay at Home Parent</td> <td>_____</td> </tr> <tr> <td>H. Other: _____</td> <td></td> </tr> </table>	NO INCOME CODE		A. Deceased	Father/Stepfather/Male Guardian Earned Income.....	B. Retired	REASON NO INCOME LISTED	C. Divorced & remarried	Mother/Stepmother/Female Guardian Earned Income.....	D. Separated or divorced and not living with the family	REASON NO INCOME LISTED	E. Disabled or sick	Other persons contributing to household Income: <i>excluding grandparents</i>	F. Unemployed	RELATIONSHIP TO APPLICANT:	G. Stay at Home Parent	_____	H. Other: _____		\$ _____ .00 <input type="checkbox"/> \$ _____ .00 <input type="checkbox"/> \$ _____ .00	\$ _____ .00 <input type="checkbox"/> \$ _____ .00 <input type="checkbox"/> \$ _____ .00
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F. Unemployed	RELATIONSHIP TO APPLICANT:																			
G. Stay at Home Parent	_____																			
H. Other: _____																				

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 |

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OTHER INCOME	2019 ACTUAL
11. WELFARE INCOME/FOOD STAMPS (ANNUAL	\$ _____ .00
12. UNEMPLOYMENT BENEFITS (ANNUAL	\$ _____ .00
13. TOTAL SOCIAL SECURITY, RETIREMENT, INSURANCE, DISABILITY, VETERAN'S BENEFITS received by ALL family members (including children) (ANNUAL	\$ _____ .00
14. ALIMONY, PLUS CHILD SUPPORT YOU RECEIVED (ANNUAL	\$ _____ .00
15. RENTAL INCOME YOU RECEIVED (ANNUAL	\$ _____ .00
16. MILITARY INCOME (ANNUAL	\$ _____ .00
17. INTEREST INCOME (ANNUAL	\$ _____ .00
18. DIVIDEND INCOME (ANNUAL	\$ _____ .00
19. OTHER INCOME RECEIVED (ANNUAL AMOUNT) (indicate	\$ _____ .00

OTHER EXPENSES	
20. RENTAL – Amount paid (ANNUAL	\$ _____ .00
21. MORTGAGE PAYMENT – Amount paid (ANNUAL AMOUNT) (include second mortgage, home equity, and loan	\$ _____ .00
22. INSURANCE AND TAX AMOUNT IF PAID SEPARATELY FROM MORTGAGE (ANNUAL	\$ _____ .00
23. CHILD CARE COST (Paid by parents) (ANNUAL	\$ _____ .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	\$ _____ .00
27. CHILD SUPPORT – Amount paid (ANNUAL	\$ _____ .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	\$ _____ .00
29. MEDICAL INSURANCE PREMIUMS PAID BY EMPLOYEE/INDIVIDUAL (ANNUAL	\$ _____ .00
30. CREDIT CARD PAYMENTS (ANNUAL	\$ _____ .00
31. AUTOMOBILE LOAN OR LEASE PAYMENTS (ANNUAL	\$ _____ .00
32. AUTO INSURANCE (ANNUAL	\$ _____ .00
33. CHARITABLE CONTRIBUTIONS (ANNUAL	\$ _____ .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 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. Further, if requested, I agree to send to the PHNCF a copy of my 2019 federal income tax return or other verification.

NOTIFICATION LETTERS MAILED NO LATER THAN JUNE 30, 2020

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

