

# Shenango Valley Catholic School System

## TUITION AID APPLICATION FORM FOR THE SCHOOL YEAR 2020 - 2021 FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL

**APPLICATION DUE DATE - APRIL 15, 2020**

<b>Students in:</b> Saint John Paul II _____ Kennedy Catholic Middle School _____ Kennedy Catholic High School _____	<b>Name(s):</b> _____  <b>Total Number of Students Applying</b> _____
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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):**

<b>SHENANGO VALLEY FOUNDATION INCOME GUIDELINES</b>	1	\$107,000	4	\$158,000
	2	\$124,000	5	\$175,000
	3	\$141,000	6	\$192,000

**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 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 Processing cost for the application is **\$20.00 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 **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 on-line work sheet.
- B) Copies of ALL 2019 W-2s, Schedule C and 1099s for parent/guardian/applicants. No copies will be returned.
- C) The **\$20.00 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.**

# 8. 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 (     )							

## 9. DEPENDENTS — LIST ALL DEPENDENTS

CHILD'S LAST NAME	CHILD'S FIRST NAME	M.I.	DATE OF BIRTH	SEX	NAME OF SCHOOL FOR 2020-2021	SCHOOL CODE SEE LAST PAGE	GRADE LEVEL FALL 2020
					CITY		
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.

## 10. 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 MEDICAL EXPENSES</b> (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

## SCHOOL CODES

	HIGH SCHOOLS		GRADE SCHOOLS
01	Brookfield	102	Saint John Paul II
02	Farrell	106	Kennedy Catholic Middle School
03	Greenville	107	St. Michael
04	Joseph Badger	109	St. Vitus
05	Hermitage	110	Grove City
06	Reynolds	114	Brookfield
07	Sharon	115	Conneaut Lake
08	Sharpsville	116	Farrell
09	West Middlesex	117	Greenville
10	Commodore Perry	118	Hermitage
11	Conneaut Lake	119	Laurel
12	Shenango	120	Mercer
13	Grove City	121	Neshannock
14	Hubbard	124	Reynolds
15	Jamestown	125	Sharon
16	Mercer	127	Sharpsville
17	Neshannock	130	West Middlesex
18	New Castle	137	Mohawk
19	Wilmington	143	New Castle Christian Academy
22	Mohawk	145	Lakeview
23	Union Township	154	Home School
24	Laurel	199	All Other Grade Schools
41	<b>Kennedy Catholic</b>		
99	All Other High 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 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.
- C) The \$20.00 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 2019 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 \$20.00 payable to SVCSS**

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