



St. Joseph Catholic School **Scholarship Program**

In 2013, St. Joseph Catholic School launched its first Annual Fund drive charged with the goal to raise additional funding to help the school enhance specific target areas. The St. Joseph Catholic School Scholarship Program, named, the Tomi Schaffer Memorial Fund has been identified as one of these target areas. Mrs. Tomi Schaffer was an exceptional teacher with twenty five years service to Catholic education. She clearly understood and embraced the value and significant impact that a Catholic education could have on a child's future.

The Tomi Schaffer Memorial Fund is designed to provide partial tuition for deserving students enrolled at St. Joseph Catholic School. Families seeking tuition assistance from St. Joseph Catholic School **MUST** complete the following application with all supporting documents in order to be considered for assistance.

Step 1: **All applicants (Catholics and non-Catholics) MUST apply online for Financial Aid with FACTS online:**

Go to: <https://online.factsmgt.com/signin/3FRPY>

Step 2: Submit most recent Tax Return documentation

Step 3: Complete the attached Scholarship Application

Step 4: Attach most recent report cards of students

Step 5: Submit completed application with supporting documentation to the Principal, Mrs. Templeton by deadline.

Assistance will be based on financial need. No more than 50% of the tuition amount after FACTS, may be subsidized for each child applying for assistance.

*Confidentiality will be honored at all times

APPLICATION DEADLINE: May 1, 2018

Student Information:

Student(s) Name: _____

Religion: _____

Address: _____

Phone: _____

Grade(s) for the 2018-2019 school year: _____

Has an application for financial aid thru FACTS been completed? _____

If the answer is no, please stop here. Complete FACTS application online, application will not be accepted if FACTS financial aid has not been processed.

Father's / Guardian Information:

Name: _____

Occupation: _____

Employer: _____

Work Phone: _____

Mother's / Guardian Information:

Name: _____

Occupation: _____

Employer: _____

Work Phone: _____

Family Income:

IRS Reported Family Income 2017: _____

Estimated Family Income for 2018: _____

Father's **monthly NET Income** (after taxes): _____

Mother's **monthly NET Income** (after taxes): _____

Other Monthly Income: _____

(Alimony, child support, rental income, worker's comp, unemployment, etc.)

TOTAL MONTHLY INCOME: _____

List all dependents in the household:

Family Expenses:

Mortgage or Rent payment: _____

Car payment(s): _____

Credit Card/Loan Payments: _____

Total Monthly Utilities: _____

Insurance: _____

Food/Clothing Expense: _____

Tuition expense (college etc.) _____

Other: _____

TOTAL MONTHLY EXPENSES: _____

Describe how your family has been, and plans to be, involved in the life of the St. Joseph Grade School community: _____

Please indicate below the total amount of tuition commitment your family could contribute for the coming school year:

Amount of Requesting for Financial Aid: _____

Will you be using 529 Plans to offset, pay for your child/ren's tuition? _____
If so, how much? _____

Please note: Forfeiture of the scholarship will occur if proper code of conduct is not followed and disciplinary action have to be taken. Continued tardiness and excessive absences will also result in forfeiture of the scholarship.

Disclaimer:

All of the information provided by myself or any other person listed on this form is true and complete to the best of my knowledge. I understand that this application is being filed with no guarantee of financial assistance being given. If asked by an authorized school or church official, I agree to give proof of the information that I have given on this application. Denial of evidence of proof, when asked could result in denied aid. All information on this application will be kept confidential between the applicant, school leadership, and parish pastor.

Submitted by: _____ **and**

_____ **Date:** _____