



DUBOIS CENTRAL CATHOLIC

CONFIDENTIAL

TUITION AID APPLICATION FORM FOR THE SCHOOL YEAR 2021-2022 PRE-K THROUGH HIGH SCHOOL

A needs-based scholarship that provides tuition assistance to students who enroll in either Pre-K, Elementary, Middle School or High School at DuBois Central Catholic. To be eligible for the scholarship, you must meet the following income guidelines as a resident of the Commonwealth of Pennsylvania.

TUITION ASSISTANCE INCOME GUIDELINES	Number of	Maximum	Number of	Maximum
	Dependents	Income (PA)	Dependents	Income (PA)
	1	\$108,382	4	\$157,048
	2	\$124,604	5	\$173,270
	3	\$140,826	6	\$189,492

READ ALL DIRECTIONS BEFORE BEGINNING TO FILL OUT THIS FORM

- A. A **custodial parent, step-parent** or **guardian** must complete and sign the application form.
- B. All household income must be reported. This would include parents as well as other adults contributing to the household.
- C. 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.
- D. 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.
- E. If projected 2021 income/expenses varies significantly from 2020, you should attach an explanation. It is important that you notify DuBois Central Catholic of your situation.
- F. Information on the form is **confidential**, and will only be used to determine financial need.
- G. If Catholic, name of your parish _____ City _____

PLEASE INCLUDE THIS INFORMATION WITH YOUR APPLICATION

- H. A copy of ALL pages of your 2020 Pennsylvania Income Tax Return (PA-40), 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 online worksheet.
- I. Copies of ALL 2020 W-2s, ALL schedules and 1099s for parent/guardian/applicants. No copies will be returned.
- J. **IMPORTANT:** If the above items do not accompany this application your application will not be processed.

STUDENT AID FORM 2021-2022

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	CITY		STATE
		ZIP			ZIP
EMPLOYED BY		YEARS WITH FIRM	EMPLOYED BY		YEARS WITH FIRM

NUMBER OF PERSONS RESIDING IN YOUR HOUSEHOLD FOR THE 2021-22 SCHOOL YEAR PARENTS/GUARDIANS () OTHER () CHILDREN ()

DEPENDENTS -- LIST ALL DEPENDENTS

CHILD'S LAST NAME	CHILD'S FIRST NAME AND SS #	M.I.	DATE OF BIRTH	SEX	NAME OF SCHOOL FOR 2021-22 AND CITY	GRADE LEVEL FALL 2021
1.						
2.						
3.						
4.						
5.						

PENNSYLVANIA EARNED INCOME

Gross **Pennsylvania Earned Income** during 2020 - applicant should attach a copy of their W-2s and PA 2020 income tax return

2020 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?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | BUSINESS - Attach PA Schedule C or C-EZ (from PA-40) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | FARM - Attach PA Schedule F (from PA-40) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | RENTAL PROPERTY - Attach PA Schedule E (from PA-40) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | S CORPORATION - Attach Form PA-20S/PA-65 (from PA-40) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | PARTNERSHIP - Attach Form PA-20S/PA-65 (from PA-40) |

OTHER INCOME	2020 ACTUAL
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1. WELFARE INCOME / FOOD STAMPS (ANNUAL AMOUNT)	\$ _____ .00
2. UNEMPLOYMENT BENEFITS (ANNUAL AMOUNT)	\$00
3. TOTAL SOCIAL SECURITY, RETIREMENT, INSURANCE, DISABILITY VETERAN'S BENEFITS received by ALL family members (including children) (ANNUAL AMOUNT)	\$00
4. ALIMONY, PLUS CHILD SUPPORT YOU RECEIVED (ANNUAL AMOUNT)	\$00
5. RENTAL INCOME YOU RECEIVED (ANNUAL AMOUNT)	\$00
6. MILITARY INCOME (ANNUAL AMOUNT)	\$00
7. INTEREST INCOME (ANNUAL AMOUNT)	\$00
8. DIVIDEND INCOME (ANNUAL AMOUNT)	\$00
9. OTHER INCOME RECEIVED (ANNUAL AMOUNT) (Indicate source)	\$00

OTHER EXPENSES

10. RENTAL - Amount Paid (ANNUAL AMOUNT)	\$ _____ .00
11. MORTGAGE PAYMENT - Amount paid (ANNUAL AMOUNT) (include second mortgage, home equity and loan payments)	\$00
12. INSURANCE AND TAX AMOUNT IF PAID SEPARATELY FROM MORTGAGE (ANNUAL AMOUNT)	\$00
13. CHILD CARE COST (Paid by parents) (ANNUAL AMOUNT)	\$00
14. CHILD SUPPORT - Amount paid (ANNUAL AMOUNT)	\$00
15. 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
16. MEDICAL INSURANCE PREMIUMS PAID BY EMPLOYEE/INDIVIDUAL (ANNUAL AMOUNT)	\$00
17. AUTOMOBILE LOAN OR LEASE PAYMENTS (ANNUAL AMOUNT)	\$00
18. AUTO INSURANCE (ANNUAL AMOUNT)	\$00
19. CHARITABLE CONTRIBUTIONS (ANNUAL AMOUNT)	\$00

ASSETS

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

held by **custodial parents**. (Exclude money in any IRA or retirement accounts)

\$00

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 you 2020 Pennsylvania Income Tax Return, including all schedules. Non-Residents of Pennsylvania should include a copy of your Federal Tax Return.
- B) Copies of ALL 2020 W-2s, ALL schedules 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.)

PARENT OR GUARDIAN SIGNATURE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____

PHONE (HOME): _____

PHONE (CELL): _____

MAY WE CONTACT YOU AT WORK? YES ____ NO ____

PHONE (WORK): _____

INQUIRIES AND RESPONSES MAY BE DIRECTED TO JEFFREY GANKOSKY AT 814-371-6889 OR JGANKOSKY@DUBOISCATHOLIC.COM

FOR OFFICE USE ONLY	REVIEWED BY: _____ DATE: _____
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**MAIL TO: DuBois Central Catholic
 Attn: Tuition Assistance
 PO Box 567
 DuBois, PA 15801**