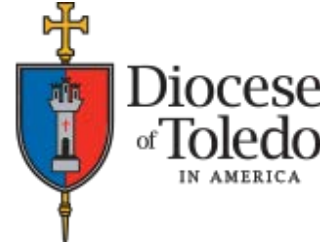


One Faith, Many Blessings

Tuition Assistance



Dear All Saints Family,

The Diocese of Toledo is committed to support Catholic education and the community of faith that form our schools that are truly “different by design.” As part of that commitment, “One Faith, Many Blessings” tuition assistance funds are available to families with children enrolled in Catholic schools. The scholarship funds are distributed annually to Catholic schools within the Diocese of Toledo. Each school awards the funds to their students who demonstrate need.

If you are the parent or guardian of a Catholic school student and are interested in being considered for the “One Faith, Many Blessings” fund here at All Saints Catholic School, please review the following requirements:

- Interested families must be enrolled in the FACTS Tuition Management Payment Plan which can be accessed at www.factsmgmt.com
- Interested families must complete the application form and submit along with required documentation to the school office by the deadline indicated.
- The policy for determining the financial need is based on the principle that both parents are responsible for the support and education expenses of their children to the extent that they are financially able to assume responsibility.

ONE FAITH, MANY BLESSINGS

Tuition Assistance Application
and Income Verification



Submit completed form and supporting documents to the school office by July 1, 2019

Please complete this form. ONLY 1 Form required per HOUSEHOLD.

To be considered for the One Faith, Many Blessings tuition assistance, you must apply for all available scholarships that you may be qualified to receive.

I have applied for the following scholarships for the 2019/2020 school year:

- NOSF (K-8) EdChoice Expansion (K-2) Student Name: _____
- NOSF (K-8) EdChoice Expansion (K-2) Student Name: _____
- NOSF (K-8) EdChoice Expansion (K-2) Student Name: _____
- NOSF (K-8) EdChoice Expansion (K-2) Student Name: _____

I am participating in the following tuition assistance programs for the 2019-2020 school year:

- Kroger Rewards WTPSPA (Scrip)

PRIMARY PARENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Receives Income: Yes No Sources of Income: _____

(Sources of income could include: Wages, Child support, Alimony, Unemployment, Social Security, etc...)

HOUSEHOLD/INCOME INFORMATION List ALL members (adults and children) of your household

First Name: _____ Last Name: _____

Relationship to you: _____ Receives Income: Yes No

Source of Income: _____ Annual Amount \$ _____

First Name: _____ Last Name: _____

Relationship to you: _____ Receives Income: Yes No

Source of Income: _____ Annual Amount \$ _____

First Name: _____ Last Name: _____

Relationship to you: _____ Receives Income: Yes No

Source of Income: _____ Annual Amount \$ _____

First Name: _____ Last Name: _____

Relationship to you: _____ Receives Income: Yes No

Source of Income: _____ Annual Amount \$ _____

If you need more space, please duplicate this page and submit with application

YOU MUST PROVIDE DOCUMENTATION FOR ALL SOURCES OF INCOME IN YOUR HOUSEHOLD.

Documents should be representative of CURRENT income. The following are acceptable and required forms of documentation:

- Copy of current income tax return
- Copy of your current W-2's
- Copy of (4) current pay stubs
- Copies of official documentation that show amount received from specified income source.

PLEASE SUBMIT DOCUMENTATION ALONG WITH APPLICATION.

EXTENUATING CIRCUMSTANCES

Please list below any circumstances and/or hardships that you would like taken into consideration in determining your eligibility to receive funding from the One Faith, Many Blessings Tuition Assistance Fund. *(Extenuating Circumstances may include but are not limited to Unexpected Change in Financial Status, Loss of Job/Income, Medical Difficulties...)*

Please list extenuating Circumstance(s) and give a brief explanation: _____

I declare that the information on this form is true, correct and complete to the best of my knowledge. I agree to provide documents to verify the information listed.

Signature: _____ Date: _____

**Submit completed form and supporting documents to the school office by July 1 2019.
ONLY 1 Form required per HOUSEHOLD.**