SACRED HEART SCHOOL
CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION FORM
School Year 2019-2020

Mother's Name: _____

Father's Name: _____

Mother's Email Address: _____

Father's Email Address: _____

Mother's Phone Number: ( ) _____-_____ Father's Phone Number: ( ) _____-_____

Mother's Address: _____

_____

Father's Address: _____

_____

Student(s) Name(s):_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

2018 Adjusted Gross Income (**Form 1040 Attached)**
Number in household = _____ ==========

Please check whichever one is applicable: (For special circumstances, see next page)

_____ I (We) qualified and received a HALF Choice Scholarship for the 2018-2019 school year and would like to apply for an additional SGO Tax Scholarship.

_____ I (We) qualified and received a full Choice Scholarship for the 2018-2019 school year.

_____ I (We) have a Kindergarten student and would like to apply for the SGO Tax Scholarship.

_____ Last year we received $_____ in parish financial assistance.

_____ I (We) do meet the requirements for "actively involved parishioners." I (We) received an SGO Tax Scholarship in 2019-2019 school year.

_____ _____
Signature Date Signature Date

_____ _____
Parish Representative Date Received

Special Circumstances: Please provide detail of any special situation you and your family may have which affects your ability to pay the 5% (for active parishioners) or 10% (for non-Catholic or non active parishioners) of your family's adjusted gross income.

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(This section must be completed)

I (We) can commit to $_____ for tuition for school year 2019-2020.

_____ _____

Signature Date Signature Date

_____ _____

Parish Representative Date Received