



CATHOLIC DIOCESE OF ERIE

CONFIDENTIAL

TUITION AID APPLICATION FORM FOR THE SCHOOL YEAR 2022-2023 FOR ELEMENTARY AND HIGH SCHOOLS

Award notifications
will appear
on your
school's
tuition statement.

APPLICATION DUE DATES

All forms must be postmarked no later than the due dates below

March 1, 2022	Families with Children applying or attending an Erie High School ONLY Families with Children applying or attending an Erie High School AND Children applying or attending an Erie Elementary School, including Pre-K Children
April 15, 2022	Families with Children applying or attending ALL Regional High and Elementary Schools Families with Children ONLY applying or attending Erie Elementary Schools, including Pre-K Children

By completing the following application, your children may be eligible for **two separate scholarship programs** offered by the Diocese of Erie. You only need to apply once to be eligible for both scholarship programs, The Bishop's Tuition Assistance Program and the STAR Foundation.

The Bishop's Tuition Assistance Program — A needs-based Diocesan scholarship program that helps students attend a **Catholic High and/or Elementary School** in the Diocese of Erie. **(There are no income limitations that apply to this program.)**

The STAR Foundation — A separate needs-based scholarship program that provides tuition assistance to students who enroll in either a Catholic High School or a Catholic Elementary School (including Pre-K). To be eligible for the scholarship, you must meet the following income guidelines as a resident of the Commonwealth of Pennsylvania. The STAR Foundation was established as a result of The Education Improvement Tax Credit program established by the Commonwealth.

STAR FOUNDATION INCOME GUIDELINES	Number of Dependents	Maximum Income (PA)	Number of Dependents	Maximum Income (PA)
	1	\$113,693	4	\$164,744
	2	\$130,710	5	\$181,761
	3	\$147,727	6	\$198,778

READ ALL DIRECTIONS BEFORE BEGINNING TO FILL OUT THIS FORM

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 2022 income/expenses varies significantly from 2021, 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 Tuition Assistance Program.
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 **2021 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 online work sheet.
- B) Copies of ALL 2021 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 Tuition Assistance Program.
- D) **IMPORTANT: If the above items do not accompany this application your application will not be processed.**

8. STUDENT AID FORM 2022-2023

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 2021-2022 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	NEXT YEAR'S NAME OF SCHOOL	SCHOOL CODE SEE LAST PAGE	NEXT YEAR'S GRADE LEVEL
					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 2021 — Applicants should attach a copy of their W-2s and PA 2021 income tax return

	2021 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 Schedule C or C-EZ (Form 1040) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | FARM — Attach Schedule F (Form 1040) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | RENTAL PROPERTY — Attach Schedule E (Form 1040) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | S CORPORATION — Attach Schedule E (Form 1040), Form 11205 and Schedule K-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | PARTNERSHIP — Attach Schedule E (Form 1040), Form 1065 and Schedule K-1 |

OTHER INCOME

2021 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 ALL 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. 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
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 custodial parents. (Exclude money in any IRA or retirement accounts)	\$ _____ .00
31. OTHER FINANCIAL ASSETS (Stocks, bonds, mutual funds, CDs, etc.) — held by custodial parents (Exclude money in any IRA or retirement accounts)	\$ _____ .00

SCHOOL CODES

ERIE CATHOLIC SCHOOL SYSTEM

- 101 Blessed Sacrament School — Erie
- 113 Our Lady of Peace School — Erie
- 114 St. Jude School — Erie
- 122 St. George School — Erie
- 124 St. James School — Erie
- 131 St. Luke School — Erie

ELK COUNTY CATHOLIC SCHOOL SYSTEM

- 130 St. Leo School — Ridgway
- 132 St. Marys Catholic Elementary/Middle Schools — St. Marys

SHENANGO VALLEY CATHOLIC SCHOOL SYSTEM

- 111 Saint John Paul II — Hermitage
- 142 Kennedy Catholic Middle School — Hermitage

DuBOIS AREA CATHOLIC SCHOOL SYSTEM

- 103 DuBois Area Catholic Elementary/Middle Schools — DuBois

OTHER NON-SYSTEM ELEMENTARY SCHOOLS

- 105 Mother Theresa Academy — Erie
- 108 Immaculate Conception School — Clarion
- 116 Seton School — Meadville
- 121 St. Francis School — Clearfield
- 123 St. Gregory School — North East

- 127 St. Joseph School — Lucinda
- 129 St. Joseph School — Warren
- 135 St. Michael School — Greenville
- 137 St. Stephen School — Oil City
- 140 Ss. Cosmas & Damian School — Punxsutawney

CATHOLIC HIGH SCHOOLS

- 501 Erie Catholic High Schools
Cathedral Preparatory School
Mercyhurst Preparatory School
Villa Maria Academy
- 502 DuBois Area Catholic High School — DuBois
- 503 Elk County Catholic High School — St. Marys
- 504 Kennedy Catholic High School — Hermitage
- 505 Venango Catholic High & Middle Schools — Oil City

OTHER NECESSARY CODES

- 992 All Public Elementary Schools
- 993 All Public High Schools
- 994 All Colleges and Universities
- 995 All Trade Schools
- 996 Not Attending School

NOTE: Enter kindergarten students as grade K • Enter preschool students as grade P

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 2021 Pennsylvania Income Tax Return, including all schedules. Non-Residents of Pennsylvania should include a copy of your Federal Tax Return.
- B) Copies of ALL 2021 W-2s, Schedule C and 1099s for individuals listed as parent/guardian/applicants. No copies will be returned.
- C) The \$20.00 processing fee for this application made payable to Tuition Assistance Program.

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. Furthermore, if requested, I agree to send to the Tuition Assistance Program a copy of my 2021 federal income tax return or other verification.

Enclose check for \$20.00 payable to:
TUITION ASSISTANCE PROGRAM
INQUIRIES AND RESPONSES TO BE DIRECTED TO:

PARENT'S OR GUARDIAN'S SIGNATURE _____
 NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____ E-MAIL: _____
 PHONE (HOME): _____ PHONE (CELL): _____
 MAY WE CONTACT YOU AT WORK? YES _____ NO _____ PHONE (WORK): _____

FOR OFFICE USE ONLY	REVIEWED BY: _____
	DATE: _____

**MAIL TO: DIOCESE OF ERIE
 TUITION ASSISTANCE PROGRAM
 P.O. BOX 8070
 ERIE, PA 16505-0070**