

**TUITION ASSISTANCE PROGRAM APPLICATION, 2025  
CATHOLIC SCHOOLS, DIOCESE OF OGDENSBURG  
PARENT CONFIDENTIAL STATEMENT**

**DIRECTIONS:** Please type or print the following information which will be held CONFIDENTIAL. Application must have complete information. If more space is needed, use the reverse side and identify the item by number and student. **Pre-School students are NOT eligible. RETURN THIS FORM TO THE CATHOLIC SCHOOL THE STUDENT ATTENDS.**

**1. NAME OF STUDENTS ATTENDING SAME SCHOOL FOR WHICH APPLICATION IS MADE:**

a. \_\_\_\_\_ Age \_\_\_\_\_ Grade as of 9/25 \_\_\_\_\_  
                     last                      first                      middle

b. \_\_\_\_\_ Age \_\_\_\_\_ Grade as of 9/25 \_\_\_\_\_  
last first middle

c. \_\_\_\_\_ Age \_\_\_\_\_ Grade as of 9/25 \_\_\_\_\_  
last first middle

d. \_\_\_\_\_ Age \_\_\_\_\_ Grade as of 9/25 \_\_\_\_\_  
last first middle

2. **HOME ADDRESS** \_\_\_\_\_

street city/village zip

**3. SCHOOL CHILD ATTENDS as of September 2025**

4. **FOSTER CHILD (circle)**      Yes      No

5. FAMILY RECEIVES PUBLIC ASSISTANCE (circle)    Yes    No

**6. HOUSEHOLD MEMBERS & MONTHLY INCOME:**

|                                              | CURRENT INCOME RECEIVED MONTHLY             |                                     |                                             |              |
|----------------------------------------------|---------------------------------------------|-------------------------------------|---------------------------------------------|--------------|
| List the Names of Everyone in Your Household | Annual Earnings from Work before Deductions | Weekly Child Support, Alimony, Etc. | Monthly Payments from Pension or Retirement | Other Income |
|                                              | Amount                                      | Amount                              | Amount                                      | Amount       |
| 1. _____                                     | \$ _____                                    | \$ _____                            | \$ _____                                    | \$ _____     |
| 2. _____                                     | \$ _____                                    | \$ _____                            | \$ _____                                    | \$ _____     |
| 3. _____                                     | \$ _____                                    | \$ _____                            | \$ _____                                    | \$ _____     |
| 4. _____                                     | \$ _____                                    | \$ _____                            | \$ _____                                    | \$ _____     |
| 5. _____                                     | \$ _____                                    | \$ _____                            | \$ _____                                    | \$ _____     |
| 6. _____                                     | \$ _____                                    | \$ _____                            | \$ _____                                    | \$ _____     |
| 7. _____                                     | \$ _____                                    | \$ _____                            | \$ _____                                    | \$ _____     |

7. **TOTAL ANNUAL INCOME** .....\$\_\_\_\_\_

8. **PLEASE VERIFY ANNUAL INCOME WITH A COPY OF YOUR 1040.** IF YOUR INCOME HAS CHANGED SINCE YOUR MOST RECENT 1040 PLEASE VERIFY YOUR CURRENT INCOME WITH A CURRENT PAY STUB. APPLICATIONS WITHOUT VERIFICATION **WILL NOT** BE CONSIDERED.

9. **IF NO INCOME**, please explain conditions

10. **PARENT'S AUTHORIZATION:** *I have checked this form for omissions and errors. To the best of my knowledge, the information reported is complete and accurate. (Please write comments explaining financial situation that may affect your ability to pay tuition.)*

Signed\_\_\_\_\_ Date\_\_\_\_\_

11. **PASTOR'S RECOMMENDATION:** *I do (do not) recommend that the above-mentioned student(s) receive TUITION ASSISTANCE. (Please write comments.)*

Signed\_\_\_\_\_ Date\_\_\_\_\_

12. **PRINCIPAL'S RECOMMENDATION:** *I certify that the above-mentioned student(s) is (are) enrolled in this school and do (do not) recommend granting of Tuition Assistance.*

This student(s) meets the criteria for eligibility for a free or reduced lunch as determined by the National School Lunch Program. Yes \_\_\_\_\_ No \_\_\_\_\_ (Please write comments.)

Signed\_\_\_\_\_ Date\_\_\_\_\_

**DECISION OF TUITION ASSISTANCE PROGRAM COMMITTEE:** 1\_\_\_\_\_ 2\_\_\_\_\_ 3\_\_\_\_\_ NA\_\_\_\_\_

*Funded by:* THE BISHOP’S FUND  
DIOCESE OF OGDENSBURG

*Administered by:* DEPARTMENT OF EDUCATION  
DIOCESE OF OGDENSBURG  
PO BOX 369  
OGDENSBURG, NEW YORK 13669

**Principal: TAP forms due to Sister Ellen Rose Coughlin, SSJ  
by Monday September 15, 2025**