



Student Aid Form

2016
2017

Place PSAS provided School Label over all contents within these brackets

OFFICE USE ONLY
Barcode

_7_016_PITT

DIOCESE OF PITTSBURGH

Please check the educational grant program or programs for which you are applying:

- BISHOP'S EDUCATION FUND (BEF)**
This grant program is for Catholic students in grades K-12 attending eligible schools and registered in eligible parishes. **Pastor Signature and Parish Code Required** (see enclosed list). (SEE PAGE 4)
- K-12 SCHOLASTIC OPPORTUNITY SCHOLARSHIP PROGRAM (SOS)**
This grant program is for any student in grades K-12 residing in Pennsylvania and attending any eligible Catholic school in the Diocese of Pittsburgh (see School Code List). **Proof of Residency Required** (SEE PAGE 8).
- PRE-SCHOOL SCHOLASTIC OPPORTUNITY SCHOLARSHIP PROGRAM (SOS)**
This grant program is for any Pre-Kindergarten student residing in Pennsylvania and attending any eligible Catholic school in the Diocese of Pittsburgh (see School Code List). **Proof of Residency and Pre-K Supplemental Application Required** (see enclosed). (SEE PAGE 6 FOR PK SUPPLEMENTAL FORM)
- OPPORTUNITY SCHOLARSHIP TAX CREDIT PROGRAM (OSTC)**
This funding is available to families whose students reside within the attendance boundaries of a low-achieving school as determined by the Pennsylvania Department of Education and who meet the income qualifying guidelines. OSTC grants are for grades K-12 only. You must provide a copy of the letter you received from the public school district confirming eligibility, answer the questions regarding the student in Section C, and complete and sign the OSTC Funding Supplemental Form.
- Any other aid program that may be available through other scholarship organizations in cooperation with the Diocese of Pittsburgh.**

PLEASE NOTE: You may only apply to one school per student. If undecided, apply to the school your student will most likely attend. If a change is required after the application is received by PSAS, you **MUST** notify the Catholic Schools Office in writing.

This form must be submitted no later than MARCH 15, 2016.

The Pre-School application deadline may be extended beyond this date. Please see your principal or program administrator.

THIS APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING ITEMS - PLEASE CHECK THIS LIST CAREFULLY

- 1. Detailed copies of all pages and Schedules of your **2015** Federal Income Tax Return Form 1040, 1040A or 1040EZ (**as filed with the IRS**) for individuals listed in Sections A and B. **Recaps and/or Summary Forms are not acceptable. If you earned income outside the US, provide all income documentation.** If you are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
- 2. Copies of all **2015** W-2 Wage and Tax Statement Forms, all **2015** 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8½ x 11 paper - documentation CANNOT be returned.**)
- 3. Proof of Residency: A copy of your **2015** Pennsylvania State Tax Return or Current Utility Bill (gas, water, or electric).
- 4. Documentation of TOTAL AMOUNTS received in **2015** for all Non-Taxable Income (see Section G for specific requirements).
- 5. Parent(s)/Guardian(s) Signature.
- 6. Pastor's Signature (if applying for BEF). (SEE PAGE 4)
- 7. EITC Supplemental Form Completed and Enclosed. (SEE PAGE 5)
- 8. Pre-School Supplemental Application Completed and Enclosed (if applying for a Pre-School student). (SEE PAGE 9)
- 9. OSTC Funding - Provide a copy of the letter you received from the public school district confirming eligibility and complete the OSTC Funding Supplemental Form.
- 10. Special Education Verification form (IF APPLICABLE).
- 11. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$28.00.
Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

PSAS does not make final financial aid decisions. You will not receive results from PSAS. For more comprehensive instructions, please visit www.psas.org/instructions.

Keep a copy of this completed application and all documentation for your records.

To check the processing status of your application, go to www.my.psas.org.
Mail to: PRIVATE SCHOOL AID SERVICE , P.O. BOX 89434, CLEVELAND, OHIO 44101-6434

STUDENT NAME

PARENT NAME

STUDENT AID FORM // 2016-2017

A Parent, Guardian, or Other Adult Responsible for Tuition

Check One: Father Mother Step-Father Step-Mother Other Adult

Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date of Birth _____

Address _____ Apt. # _____ COUNTY OF RESIDENCE _____

City _____ State _____ Zip Code _____

(_____) _____ (_____) _____
(Area Code) Primary Phone (Area Code) Secondary Phone

E-mail Address (REQUIRED) _____

Employed by _____ How Long? (years) _____

Preferred Contact: Primary Phone Secondary Phone E-mail

Go Green: Check this box if you wish to receive all correspondence electronically If you are self-employed, please check and refer to Section K of this form.

Public School District _____ Are you Catholic? Yes No

Has either parent been called to active duty? Yes No

Parish Code** _____

B Parent, Guardian, or Other Adult Residing with Parent A

Check One: Father Mother Step-Father Step-Mother Other Adult

Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date of Birth _____

Address _____ Apt. # _____ COUNTY OF RESIDENCE _____

City _____ State _____ Zip Code _____

(_____) _____ (_____) _____
(Area Code) Primary Phone (Area Code) Secondary Phone

E-mail Address (REQUIRED) _____

Employed by _____ How Long? (years) _____

Preferred Contact: Primary Phone Secondary Phone E-mail

Go Green: Check this box if you wish to receive all correspondence electronically If you are self-employed, please check and refer to Section K of this form.

Public School District _____ Are you Catholic? Yes No

C Dependents List all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc. DO NOT LEAVE BLANK.

DO NOT LEAVE BLANK	Number of dependent children who will attend a tuition charging school in the fall of 2016?					
	# in Daycare: _____	# in Pre-K: _____	# in Elementary School: _____	# in Secondary School: _____	# in College: _____	Total: _____

1	Dependent Last Name _____	Dependent First Name _____	M.I. _____	Date of Birth _____	Student's Social Security Number: _____
	Relation to Parent/Guardian A: _____	Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE): _____	School City/State: _____		Grade in Fall of 2016: _____
	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$ _____	Tuition charged yearly per student: \$ _____	Name of Public School (DO NOT ABBREVIATE): _____	Office Use Only (SE) _____

2	Dependent Last Name _____	Dependent First Name _____	M.I. _____	Date of Birth _____	Student's Social Security Number: _____
	Relation to Parent/Guardian A: _____	Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE): _____	School City/State: _____		Grade in Fall of 2016: _____
	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$ _____	Tuition charged yearly per student: \$ _____	Name of Public School (DO NOT ABBREVIATE): _____	Office Use Only (SE) _____

Please check if additional dependents are listed on page 6. **Refer to School and Parish Code List
*Pre-School Supplemental Application Form MUST be completed and returned with this application if you are applying for a Pre-School student. (SEE PAGE 9)

D Household Information

1. Number of individuals who resided in my/our household during 2015:
Parents/Guardians _____ Children _____ Other* _____

*If Other, please explain _____

2. Current marital status/housing arrangement of Parent/Guardian A:
 a. Single, never Married* d. Divorced* g. Other _____
 b. Married e. Remarried* _____
 c. Widowed f. Separated* Explain in Section L

*If Single, Divorced, Remarried, or Separated, you are required to complete Section E.

E Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section A)

1. Date of separation (Month/Year) _____ 2. Date of divorce (Month/Year) _____
 3. Non-custodial parent (Last, First, M.I.) _____ 4. Who claimed student as a tax dependent in 2015? _____

5. Who is responsible for the tuition for the dependent(s) listed in Section C?				Child Support (per year)		
Father	Name: _____	Names of students father is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Mother	Name: _____	Names of students mother is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Other	Name: _____	Names of students other is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither

*If the person(s) above is/are responsible for additional students, please list in Section L.

F Taxable Income (Answers in US\$ ONLY)

The **2015** federal tax return for student's household was:

- Filed
 Not filed yet (See **Required Documentation** section)
 I/We do not file. I/We only receive non-taxable income - Go to Section G

	Actual 2015	Estimate 2016
1. Total number of exemptions claimed on Federal Income Tax form.	[]	[]
2. Parent/Guardian A total taxable income from W-2 wages (Box 1). <i>Total income for Parent A only</i>	\$ _____	\$ _____
3. Parent/Guardian B total taxable income from W-2 wages (Box 1). <i>Total income for Parent B only</i>	\$ _____	\$ _____
4. Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K) (Attach Schedules C, E, and/or F from your IRS 1040) See 2015 1040 lines 12, 17, and 18	\$ _____	\$ _____
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. See 2015 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21; See 2015 1040A lines 8a-14b	\$ _____	\$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 36 or 1040A line 20	\$ _____	\$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 37 or 1040A line 21	\$ _____	\$ _____
8. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 63 or 1040A line 39	\$ _____	\$ _____
9a. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	\$ _____	\$ _____
9b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	\$ _____	\$ _____

H Housing Information (DO NOT LEAVE BLANK)

20. Do you rent or own your residence? Rent Own (go to line 22)

21. If renting, what is the monthly rental payment? \$ _____

a. Amount paid by household \$ _____ per month

b. Amount paid by other source(s) \$ _____ per month

c. Are you current on your monthly payment? Yes No

 If No, what was the total amount paid in **2015**? \$ _____

22. If you own a residence:

a. What is the current market value? \$ _____

b. What is the amount still owed, including home equity loans? \$ _____

c. What is the monthly mortgage payment? \$ _____ per month

d. Are you current on your monthly payment? Yes No

 If No, what was the total amount paid in **2015**? \$ _____

J Unusual Circumstances (Check all that apply to your situation within the past 12 months)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> a. Loss of job | <input type="checkbox"/> e. Bankruptcy | <input type="checkbox"/> i. Death in the family | <input type="checkbox"/> m. Medical/Dental expenses |
| <input type="checkbox"/> b. Recent separation/divorce | <input type="checkbox"/> f. College expenses | <input type="checkbox"/> j. Shared custody | <input type="checkbox"/> n. Shared tuition |
| <input type="checkbox"/> c. Change in family living status | <input type="checkbox"/> g. Income reduction | <input type="checkbox"/> k. High debt | <input type="checkbox"/> o. Other (explain in Section L) |
| <input type="checkbox"/> d. Change in work status | <input type="checkbox"/> h. Illness or injury | <input type="checkbox"/> l. Child support reduction | |

Office Use Only

EITC _____ H _____ \$ _____ OSTC Form _____ LTR _____

G Non-Taxable Income (Answers in US\$ ONLY)

List the **total amount** received from **1/1/15-12/31/15** for all recipients in the household. **DO NOT** list monthly amounts.

10. Child Support \$ _____ per year

11. Cash Assistance (TANF) \$ _____ per year*

12. Food Stamps (SNAP) \$ _____ per year*

a. Medicaid received in 2015? Yes No

13. Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) \$ _____ per year*

a. Social Security income (**SSI Only**) Total received in 2015 \$ _____ *

(Provide documentation for all recipients in household.)

14. Student loans and/or grants received for PARENT's education (Not college attending dependents or students listed in Section C.)

a. Total received in 2015 \$ _____ *

b. Total used for living expenses \$ _____ per year*

15. Housing Assistance (Sec. 8, HUD, etc.) \$ _____ per year*

a. Religious Housing Assistance (parsonage, manse, etc.) Total received in 2015 \$ _____ *

16. Other non-taxable income (Working for cash, Adoption and/or Foster Subsidy, Worker's Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L) \$ _____ per year*

a. Any and all Military/VA Benefits and/or Compensation Total received in 2015 (Identify source(s) in Section L) \$ _____ per year*

17. Loans/Gifts from friends or relatives \$ _____ per year

18. Personal Savings/Investment Accounts used for household expenses (Do not include totals listed in Section I) \$ _____ per year

19. Total non-taxable income for **2015** \$ _____ per year

*You must provide 2015 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/15-12/31/15.

I Assets & Investments (Current Values)

23. Total amount in cash, checking, and savings accounts \$ _____

24. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$ _____

25. Total value of IRA, Keogh, 401K, SEP, or other retirement accounts \$ _____

a. What was your total contribution to your retirement account(s) in **2015** (IRA, Keogh, 401K, SEP, etc.)? \$ _____

26. If you own real estate other than your primary residence:

a. What is the fair market value? \$ _____

b. What is the amount still owed? \$ _____

27. Do you own a business? Yes No
 If Yes, please go to **Section K**.

a. What is the fair market value of your business? \$ _____

b. What is the amount still owed? \$ _____

28. Do you own a farm? Yes No
 If Yes, please go to **Section K**.

a. What is the fair market value of your farm? \$ _____

b. What is the amount still owed? \$ _____

K Business Owners or Self-Employed Individuals (2015 Estimates)

If you have not filed your 2015 Tax Return, and are Self-Employed, own a business, rental property, and/or a farm please provide an estimate of your income - **DO NOT LEAVE BLANK**

	Schedule C	Schedule E	Schedule F
1. What is your total estimated GROSS business income?	\$ _____	\$ _____	\$ _____
2. What is your total NET business taxable income/loss? (DO NOT LEAVE BLANK)	\$ _____	\$ _____	\$ _____
3. If your business pays your home rent or mortgage, what is the annual total?		\$ _____	
4. If your business pays for your personal automobile, what is the annual total?		\$ _____	
5. If your business pays any portion of other personal expenses, list total amount and explain in Section L.		\$ _____	
6. If you own rental property: What was the total amount of Rental Income received?		\$ _____	

L Explanations (Use this space to explain any answers which may need clarification.)

M Certification, Authorization, and Documentation Requirements

WHAT IS REQUIRED TO PROCESS THIS APPLICATION

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)

- This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent(s)/Guardian(s) listed in Sections A and B.
- A check or money order made payable to **PRIVATE SCHOOL AID SERVICE** in the amount of \$28.00. *This is a non-refundable application fee.*

If you have filed a 2015 IRS Form 1040:

A complete photocopy of your 2015 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). 2015 W-2 Forms, 2015 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

If you have not yet filed a 2015 IRS Form 1040:

A complete photocopy of your most recent Form 1040, 1040A, or 1040EZ (as filed with the IRS, with all Schedules). 2015 W-2 Forms, 2015 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). **If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.**

If you do not file an IRS Form 1040 AND receive only non-taxable income:

Photocopies of your 2015 YEAR-END Social Services statement (TANF, etc.). Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing **TOTAL AMOUNTS** received in 2015 for ALL members of the household.

- My/Our Pastor has signed the application form (if applying for the Bishop's Education Fund).
- I/we have enclosed the Pre-School Supplemental Application Form (if applying for a Pre-School student).
- I/we have enclosed the EITC Supplemental Form and a copy of my/our PA-40 Pennsylvania State Tax Return or a copy of a Utility Bill showing my/our Current Address.
- I/we have enclosed the Special Education Verification Supplemental Form (if applicable).
- If my son or daughter is eligible for a grant from another Educational Improvement Tax Credit (EITC) Scholarship organization, I authorize the release of my Family Financial Profile from Private School Aid Service to any other EITC scholarship organization.
- I/We have enclosed the OSTC letter confirming eligibility and the OSTC Funding Supplemental Form (if applicable).
 - An electronic recap of this written application is available for an additional \$5 fee. You must have an email address listed in Section A in order to receive the electronic recap. Please check this box and include an additional \$5 with your processing fee if you would like to receive an electronic recap of what you have entered on this application (recap does NOT include final results).

Checkout	<input type="checkbox"/> Non-Refundable Application Processing Fee	\$28.00
	<input type="checkbox"/> Electronic Recap Fee (optional)	\$5.00
*Please make checks payable to PSAS		Total <input style="width: 50px;" type="text"/>

I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments only to the schools and programs named in Section C under contract with PSAS. I/We understand that the Diocese of Pittsburgh and Parent A and Parent B can change the schools and programs named in Section C based on changes in the desired or enrolled school for the children listed in Section C, and I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments to those schools and programs provided by Parent A or Parent B, or by the Diocese of Pittsburgh on my behalf.

Parent or Guardian (Section A)	Name of Parish (For BEF)	City
Parent or Guardian (Section B)	Signature of Pastor (For BEF)	Parish Code (see list)

This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS subject to your authorization above. **You will not receive results from PSAS.** No other agency will see or receive any information about this application or its attachments. PSAS will not return any documents or provide copies of any documents. Please keep a copy of all paperwork for your records.

**Mail completed application and photocopies of all documentation to:
 PRIVATE SCHOOL AID SERVICE, P.O. BOX 89434, CLEVELAND, OH 44101-6434
 Questions? Call: (440) 892-4272 ■ Copyright © 2016 Private School Aid Service**

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit www.psas.org/instructions.

Educational Improvement Tax Credit (EITC) Supplemental Form

Household Members: (List every resident in the household)		Household Income: (List income from 2015 PA-40 filed by any resident)		
	Name	Filed PA-40:		Taxable Income
		Yes	No	
Parent/Guardian A:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Parent/Guardian B:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Others:		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
Total Household Members: _____		Total Income: \$ _____		

Signature: _____ Social Security Number: _____ - _____ - _____

Please use these guidelines to determine whether your family qualifies to apply.

EITC Income Guidelines:

The Educational Improvement Tax Credit Program is closely regulated by State legislation. Per State law, the following guidelines should be used to determine what should be included as "Income."

In calculating household income for the purpose of determining student eligibility, all moneys and property received by all household members of whatever nature and from whatever source are to be included, except for the following:

Number of Dependents	Maximum Income
1	\$91,620
2	\$106,890
3	\$122,160
4	\$137,430
5	\$152,700*
*add \$15,270 for each additional dependent	
GUIDELINES ARE SUBJECT TO CHANGE	

- Periodic payments for sickness and disability other than regular wages received during a period of sickness or disability.
- Disability, retirement or other payments arising under workers' compensation acts, occupational disease acts, and similar legislation by any government.
- Payments commonly recognized as old age or retirement benefits paid to persons retired from service after reaching a specific age or after a stated period of employment.
- Payments commonly known as public assistance or unemployment compensation benefits by a governmental agency.
- Payments to reimburse actual expenses.
- Payments made by employers or labor unions for programs covering hospitalization, sickness, disability or death, supplemental unemployment benefits, strike benefits, social security and retirement.
- Compensation received by United States service personnel serving in a combat zone.

For information regarding income guidelines for families with special needs students or students attending special education schools, please contact your school administrator.

Additional Dependents

3	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Student's Social Security Number:
Relation to Parent/Guardian A:		Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:	
Grade in Fall of 2016:					
Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):		Office Use Only (SE)
			School Code**		

4	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Student's Social Security Number:
Relation to Parent/Guardian A:		Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:	
Grade in Fall of 2016:					
Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):		Office Use Only (SE)
			School Code**		

5	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Student's Social Security Number:
Relation to Parent/Guardian A:		Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:	
Grade in Fall of 2016:					
Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):		Office Use Only (SE)
			School Code**		

6	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Student's Social Security Number:
Relation to Parent/Guardian A:		Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:	
Grade in Fall of 2016:					
Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):		Office Use Only (SE)
			School Code**		

7	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Student's Social Security Number:
Relation to Parent/Guardian A:		Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:	
Grade in Fall of 2016:					
Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):		Office Use Only (SE)
			School Code**		

8	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Student's Social Security Number:
Relation to Parent/Guardian A:		Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:	
Grade in Fall of 2016:					
Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):		Office Use Only (SE)
			School Code**		

Please check if additional dependents are listed on a separate sheet.

****Refer to School and Parish Code List**

***Pre-School Supplemental Application Form MUST be completed and returned with this application if you are applying for a Pre-School student. (SEE PAGE 9)**

INTRODUCTION

PRIVATE SCHOOL AID SERVICE (PSAS) is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools.

Your Student Aid Form, all attachments, and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.**

PRIVATE SCHOOL AID SERVICE does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. **YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.**

INSTRUCTIONS

A & B Parent, Guardian or Other Adult

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K.

CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.

C Student Information

List all dependent children residing in your household in order of oldest to youngest. Indicate date of birth and the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (**2016-2017**); the amount of tuition charged per year per student, and list the complete name of the public school your child would be assigned to attend if they went to public school.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, see page 6.

NOTE: The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

D Household Information

ITEM 1: Enter total number of individuals living in the household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with the parent listed in Section A.

ITEM 2: Check the appropriate box indicating custodial parents' marital status. If parents are single, divorced, remarried, or separated, complete Section E.

E Single, Divorced, Remarried, or Separated Parents

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

If the date of separation took place in the year 2015, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2015. Be sure to estimate the income in Section F for 2016.

ITEM 5: Indicate who is responsible for tuition and what percentage for the dependents listed in Section C. List the total amount of child support actually received by custodial parents listed in Sections A & B. List the total amount received and the total amount paid for **2015**.

F Taxable Income (Answers in US\$ ONLY)

List all actual amounts for **2015** and estimated amounts for **2016**.

ITEM 1: Enter the total number of exemptions you claimed on your **2015** IRS Form 1040, 1040A, or 1040EZ.

ITEM 2: Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

ITEM 3: Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

ITEM 4: Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2015**, you must also fill out Section K of this application. (See **2015 1040 lines 12, 17, and 18, enter sum total.**)

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2015.** (See **2015 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21, or 1040A lines 8a-14b, enter sum total.**)

ITEM 6: Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. **DO NOT** include your standard deduction or deduction amounts for each family member. (See **2015 1040 line 36, or 1040A line 20.**)

ITEM 7: Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. (See **2015 1040 line 37, or 1040A line 21.**)

ITEM 8: Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. (See **2015 1040 line 63, or 1040A line 39.**)

ITEM 9a: Enter the total of any medical and dental expenses as reported on Schedule A, line 1 of your IRS Form 1040 (attach Schedule A).

ITEM 9b: Enter the total amount of Charitable Contributions as reported on Schedule A, line 19 of your IRS Form 1040 (attach Schedule A).

G Non-Taxable Income (Answers in US\$ ONLY)

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2015** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

ITEM 10: Child support: Report total amount received for **2015** for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for **2015**.

ITEM 12: Food Stamps (SNAP): Report total amount received for **2015**. Do not combine with TANF or Medicaid.

ITEM 12a: Did you receive Medicaid in **2015**?

ITEM 13: Social Security benefits: Report the total non-taxable (SSA/SSD, etc.) amount received in **2015** for all recipients in household.

ITEM 13a: Social Security benefits: Report the total non-taxable (SSI ONLY) amount received in **2015** for all recipients in household.

ITEM 14: Student loans and/or grants: Report the total amount received in **2015** for PARENT'S education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2015**.

ITEM 15: Housing assistance: Report the total amount received for **2015**. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

ITEM 15a: Religious Housing assistance: Report the total amount received for **2015**.

ITEM 16: Other non-taxable income: Report all additional non-taxable income received in **2015** including: Working for cash, Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); adoption and/or foster care subsidy, or any other benefit or income not subject to taxation by any government (Refugee Assistance, etc.). Identify source(s) in Section L.

ITEM 16a: Any and all Military/VA Benefits and/or Compensation: Provide your Leave and Earnings Statement (if applicable) and report the total amount received for **2015** of food and other living allowances paid to members of the military, veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.), VA Educational Work-Study, etc. Identify source(s) in Section L.

ITEM 17: Loans/Gifts received from friends or relatives: Report the total amount received in **2015**.

ITEM 18: Personal Savings/Investment Accounts: Report the total amount used in **2015** for household expenses.

ITEM 19: Total non-taxable income for 2015: Add together Items 10-18.

H Housing Information

ITEMS 20 and 21: If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

ITEM 21c: Indicate whether you are current on your monthly rental payment and if not, what the actual amount was that you paid in **2015**.

ITEM 22a: Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

ITEM 22b: Check with your lending institution and enter the amount still owed, including second mortgages.

ITEM 22d: Indicate whether you are current on your monthly mortgage payment and if not, what the actual amount was that you paid in **2015**.

I Assets and Investments

ITEM 23: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 24: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

ITEM 25: List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts. List total amount contributed in **2015** for Item 25a.

ITEM 26: Answer Items 26a and 26b for any and all investment real estate (not including the family's primary residence), if applicable. **Do not list the value of your home.** Second homes, rental properties, and land contracts should be included.

ITEM 27: If you own a business, check the Yes box and answer Items 27a and 27b. If you have not filed your **2015** tax return, complete Section K of this application.

ITEM 28: If you own a farm, check the Yes box and answer Items 28a and 28b. If you have not filed your **2015** tax return, complete Section K of this application.

J Unusual Circumstances

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying and also include a letter of explanation with this application.

K Business Income

Provide 2015 Business Income Estimates if you have not filed your 2015 Tax Return.

ITEM 1: List estimated total GROSS business income for **2015**.

ITEM 2: List estimated total NET taxable business income/loss for **2015**.

ITEM 3: List the total amount paid by business in **2015** for home rent or mortgage.

ITEM 4: List the total amount paid by business in **2015** for personal automobile.

ITEM 5: List the total amount of personal expenses paid by business in **2015** that do not fall into one of the categories above.

ITEM 6: List total amount of estimated rental income received in **2015**.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

L Explanation

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

M Certification, Authorization, and Documentation Requirements

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

REQUIRED DOCUMENTATION

If you have filed your 2015 IRS Form 1040:

You must submit photocopies of all pages of your **2015** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s)). *Do not include your State tax return unless requested.*

If you have not filed your 2015 IRS Form 1040:

You must submit photocopies of all **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). **If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.**

If you are an Independent Contractor or self-employed and have not filed your 2015 IRS form 1040:

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). **If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.**

If you receive non-taxable income:

You must submit photocopies of your **2015** YEAR-END (01/01/15 - 12/31/15) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2015** for ALL members of the household. If you list any total for line 16, you must identify source(s) in Section L.

Proof of Residency:

You must submit photocopies of your most recent PA-40 Pennsylvania State Return. If you have not filed your PA-40, provide a copy of a recent Utility Bill (gas, water, or electric) showing your current address.

IF YOU EARNED INCOME OUTSIDE THE US, PROVIDE ALL DOCUMENTATION OF INTERNATIONAL INCOME.

DIOCESE OF PITTSBURGH PRE-SCHOOL SCHOLASTIC OPPORTUNITY SCHOLARSHIP FUND (SOS) SUPPLEMENTAL APPLICATION

**This Form Applies ONLY to those Families Applying for Pre-School SOS Scholarships
(Please Print Clearly)**

After completing the Parent/Guardian section below, please have the school principal or program administrator complete the yearly tuition rate for each student and sign the form. Then, include this form with your completed Diocese of Pittsburgh Student Aid Form to Private School Aid Service (PSAS).

Parent/Guardian (from PSAS Application Section A):

Last Name	First Name	Middle Initial
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Pre-School Dependent(s) (from PSAS Application Section C):

Student Name	School Name	School Code (see list)	Annual Tuition* (principal completes)
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

Signature of Parent/Guardian: _____ **Date:** _____

*By signing below, I, the Pre-School Principal/Program Director, verify that the above student(s) has/have applied to our Pre-School Program and the tuition rate(s) is/are correct.**

Signature of Principal/Administrator: _____ **Date:** _____

Print Name: _____ Phone Number: _____

* Please do not include extended day or daycare fees in the tuition rates. SOS funds may not be used for these additional fees.

This Form MUST be completed and submitted with the PSAS Student Aid Form if you are applying for a Pre-School Student.

Diocese of Pittsburgh

SCHOOL CODE LIST*

LIST SCHOOL CODE IN SECTION C

St. Agnes (West Mifflin).....	6208	St. Gregory.....	6215	Oakland Catholic High School.....	6103
St. Alexis.....	6210	**Holy Family Academy.....	6280	Our Lady of Fatima.....	6168
St. Alphonsus (Wexford).....	6211	Holy Redeemer.....	7369	Our Lady of Grace.....	6196
St. Ann Preschool (Waynesburg).....	6251	Holy Sepulcher.....	6163	Our Lady-Most Blessed Sacrament.....	6498
St. Anne (Castle Shannon).....	6152	Holy Trinity.....	6193	**Our Lady of the Sacred Heart High School.....	10086
St. Anthony School Programs.....	1613	St. Irenaeus Preschool.....	6186	St. Patrick (Canonsburg).....	6149
**Aquinas Academy (PK-8).....	10080	St. James (Sewickley).....	6198	SS. Peter and Paul.....	6217
**Aquinas Academy (9-12).....	10088	St. John Fisher Preschool.....	6255	St. Philip.....	6156
Assumption (Bellevue).....	6139	John F. Kennedy.....	6205	**Providence Heights Alpha.....	10083
St. Bartholomew.....	6187	St. John the Baptist Preschool (Monaca).....	6175	Quigley Catholic High School.....	6135
St. Bede.....	6118	St. John the Baptist (Plum).....	6190	St. Raphael.....	6127
St. Benedict the Abbot Preschool.....	6266	St. Joseph Preschool (Cabot).....	6257	St. Rosalia Academy.....	6128
St. Benedict the Moor.....	6274	St. Joseph Preschool (O'Hara).....	6262	Sacred Heart (ShadySide).....	6115
St. Bernadette.....	6179	St. Joseph (Verona).....	6204	St. Sebastian.....	6194
St. Bernard.....	6180	St. Joseph High School.....	6183	Serra Catholic High School.....	6172
Bishop Canevin High School.....	6100	St. Killian.....	6265	Seton-LaSalle High School.....	6181
St. Bonaventure.....	6164	St. Louise de Marillac.....	6203	SS. Simon and Jude Preschool.....	6197
St. John Bosco Academy.....	6111	Madonna Catholic Regional.....	6176	Sister Thea Bowman Catholic Academy.....	6273
Butler Catholic.....	6148	St. Malachy.....	6169	St. Sylvester.....	6145
**Campus School of Carlow University.....	10081	St. Margaret (Green Tree).....	6166	St. Teresa of Avila (Perryville).....	6188
Cardinal Wuerl North Catholic High School.....	6279	St. Margaret Mary Preschool.....	6216	St. Therese of Lisieux (Munhall).....	6182
St. Catherine of Sweden Preschool (Wildwood).....	6252	St. Maria Goretti.....	6107	St. Thomas á Beckett Preschool.....	6259
Central Catholic High School.....	6101	St. Mary of the Assumption (Glenshaw).....	6165	St. Thomas More.....	6142
Christ the Divine Teacher Academy.....	6134	St. Mary of the Assumption Preschool (Herman).....	6167	St. Ursula.....	6132
East Catholic.....	6276	Mary of Nazareth.....	6277	St. Valentine Early Childhood Center.....	6143
St. Elizabeth.....	6189	St. Monica Academy.....	6137	Vincentian Academy.....	10087
St. Frances Cabrini Preschool.....	6254	Mt. Assisi Academy Preschool.....	11429	St. Vitus.....	6185
St. Gabriel-Sorrowful Virgin Elementary.....	6212	Mt. Nazareth Learning Center.....	10089	St. Wendelin (Carbon Center).....	20305
St. Gabriel-Sorrowful Virgin Parish Preschool.....	6267	North American Martyrs.....	6178	St. Winifred Early Learning Center.....	6260

*NOTE: PRE-SCHOOL STUDENTS ARE NOT ELIGIBLE FOR BISHOP'S EDUCATION FUND GRANTS

**NOTE: THESE SCHOOLS ARE NOT ELIGIBLE FOR SOS GRANTS

PARISH CODE LIST*


St. Agnes (Richeyville).....	6480	Holy Spirit (Millvale).....	6442	Our Lady - Most Blessed	
St. Agnes (West Mifflin).....	6509	Holy Spirit (West Mifflin).....	6506	Sacrament (Natrona Hghts).....	6455
St. Albert the Great.....	6346	Holy Trinity (Robinson).....	6482	Our Lady of Angels.....	6308
St. Alexis.....	6511	Holy Trinity (West Mifflin).....	6507	Our Lady of Consolation.....	6456
All Saints.....	6403	Holy Wisdom.....	6303	Our Lady of Fatima.....	6422
St. Aloysius.....	6479	St. Hugh.....	6374	Our Lady of Grace.....	6487
St. Alphonsus (Boyers).....	6359	St. Ignatius.....	6358	Our Lady of Joy.....	6420
St. Alphonsus (McDonald).....	6433	Immaculate Conception (Washington).....	6503	Our Lady of Loreto.....	6309
St. Alphonsus (Springdale).....	6495	Immaculate Heart of Mary.....	6305	Our Lady of Lourdes.....	6366
St. Alphonsus (Wexford).....	6512	Incarnation of the Lord.....	6306	Our Lady of Peace.....	6386
St. Andrew.....	6378	St. Irenaeus.....	6466	Our Lady of the Miraculous Medal.....	6439
St. Angela Merici.....	6515	St. Isaac Jogues.....	6399	Our Lady of the Valley.....	6393
St. Ann (Bulger).....	6365	St. James (Sewickley).....	6489	Our Lady of Victory.....	6416
St. Ann (Waynesburg).....	6505	St. James (Wilkinsburg).....	6517	St. Pamphilus.....	6328
St. Anne (Castle Shannon).....	6376	St. James the Apostle.....	6458	St. Patrick (Canonsburg).....	6372
St. Athanasius.....	6510	St. Januarius.....	6478	St. Patrick (McKeesport).....	6437
Ascension.....	6424	St. Joan of Arc.....	6428	St. Patrick (Oakdale).....	6465
Assumption.....	6350	St. John (Coyleville).....	6388	St. Patrick/Stanislaus.....	6329
Ave Maria.....	6351	SS. John and Paul.....	6432	St. Paul (Butler).....	6368
St. Barbara.....	6364	St. John Capistran.....	6500	St. Paul Cathedral.....	6330
St. Bartholomew.....	6468	St. John Fisher.....	6383	St. Peter (Butler).....	6369
St. Basil.....	6314	St. John Neumann.....	6407	St. Peter (North Side).....	6331
St. Bede.....	6315	St. John of God.....	6434	St. Peter (Slippery Rock).....	6493
St. Benedict the Abbot.....	6472	St. John the Baptist (Baden).....	6344	SS. Peter and Paul (Beaver).....	6347
St. Benedict the Moor.....	6316	St. John the Baptist (Monaca).....	6444	St. Philip.....	6389
St. Bernadette.....	6448	St. John the Baptist (Plum).....	6475	St. Pio (Blawnox/Harmar/Indianola).....	6524
St. Bernard.....	6450	St. John Vianney.....	6320	St. Pius X (Brookline).....	6332
St. Blaise.....	6441	St. Joseph (Cabot).....	6370	Prince of Peace.....	6310
St. Bonaventure.....	6412	St. Joseph (Coraopolis).....	6387	Queen of the Rosary.....	6411
St. Camillus.....	6457	St. Joseph (Duchesne).....	6395	St. Raphael.....	6333
St. Catherine of Siena (Beechview).....	6317	St. Joseph (Natrona).....	6454	St. Regis.....	6334
St. Catherine of Siena (Crescent).....	6519	St. Joseph (Oakland).....	6464	Resurrection (Brookline).....	6311
St. Catherine of Sweden (Wildwood).....	6516	St. Joseph (O'Hara).....	6467	Resurrection (West Mifflin).....	6508
St. Cecilia.....	6483	St. Joseph (Roscoe).....	6484	St. Richard.....	6481
St. Charles Lwanga.....	6318	St. Joseph (Verona).....	6502	Risen Lord.....	6312
Christ the King.....	6419	St. Joseph the Worker.....	6461	St. Rita.....	6513
Christ the Light of the World.....	6394	St. Juan Diego (Sharpsburg).....	6522	St. Robert Bellarmine.....	6396
St. Christopher at the Lake.....	6477	St. Jude the Apostle.....	6518	St. Rosalia.....	6335
St. Claire of Assisi.....	6384	St. Kilian.....	6431	Sacred Heart (Emsworth).....	6402
St. Colman.....	6499	St. Louise de Marillac.....	6501	Sacred Heart (Shadyside).....	6313
St. Columbkille.....	6423	Madonna del Castello.....	6496	St. Scholastica.....	6342
Corpus Christi (McKeesport).....	6523	St. Malachy.....	6426	St. Sebastian.....	6485
St. Cyril of Alexandria.....	6319	St. Margaret (Greentree).....	6414	SS. Simon and Jude.....	6488
St. Damien (Monongahela).....	6525	St. Margaret Mary.....	6449	St. Stephen.....	6336
St. Elizabeth (Pleasant Hills).....	6474	St. Maria Goretti.....	6304	St. Susanna.....	6470
St. Elizabeth Ann Seton (Carnegie).....	6375	St. Mark.....	6476	St. Sylvester.....	6362
Epiphany.....	6300	St. Mary (Aleppo).....	6338	St. Teresa of Avilla (Perrysville).....	6471
St. Felix.....	6409	St. Mary (Cecil).....	6377	St. Therese of Lisieux (Munhall).....	6452
St. Ferdinand.....	6390	St. Mary of Mercy.....	6324	St. Thomas (Clarksville).....	6385
St. Fidelis.....	6440	St. Mary of the Assumption (Glenshaw).....	6413	St. Thomas á Becket.....	6425
St. Frances Cabrini.....	6379	St. Mary of the Assumption (Herman).....	6418	St. Thomas Aquinas.....	6371
St. Francis of Assisi (Finleyville).....	6405	St. Mary of the Mount.....	6325	St. Thomas More.....	6354
St. Gabriel of the Sorrowful Virgin.....	6514	Mary, Mother of Hope.....	6460	St. Titus.....	6339
St. Gerard Majella.....	6469	Mary, Mother of the Church.....	6380	Transfiguration (Russellton).....	6486
St. Germaine.....	6353	Mater Dolorosa.....	6381	St. Ursula.....	6340
Good Samaritan (Ambridge).....	6341	St. Matthias.....	6404	St. Valentine.....	6356
Good Shepherd (Braddock).....	6360	St. Maurice.....	6406	St. Victor.....	6345
St. Gregory.....	6521	St. Maximilian Kolbe.....	6421	St. Vincent de Paul.....	6462
Guardian Angels.....	6301	St. Michael (Avella).....	6343	St. Vitus.....	6463
St. Hilary.....	6504	St. Michael (Butler).....	6367	St. Wendelin (Carbon Center).....	6373
Holy Angels.....	6417	St. Michael (Elizabeth).....	6398	St. Wendelin (Carrick).....	6337
Holy Child.....	6363	St. Monica.....	6526	St. Winifred.....	6451
Holy Family (Creighton).....	6391	Most Holy Name of Jesus.....	6307	Word of God.....	6497
Holy Family (New Brighton).....	6459	Nativity.....	6494	NOT CATHOLIC.....	6000
Holy Innocents.....	6302	St. Nicholas.....	6443		
Holy Martyrs.....	6498	St. Norbert.....	6327		
Holy Redeemer.....	6400	North American Martyrs.....	6447		
Holy Rosary.....	6453	St. Oliver Plunkett.....	6408		
Holy Sepulcher.....	6410				

OSTC FUNDING SUPPLEMENTAL FORM

Opportunity Scholarship Tax Credit Funding will provide tuition assistance to families whose students reside within attendance boundaries of a public elementary or secondary school ranking in the bottom 15 percent of achievement as determined by the Pennsylvania Department of Education.

You must provide a copy of the letter you received from your public school district.

Eligible students must meet all qualifying guidelines:

1. Annual household income guidelines are 
2. Residence is within the attendance boundaries of a low achieving school.
3. Student is entering grades K-12.

Number of Dependents	Maximum Income
1	\$91,620
2	\$106,890
3	\$122,160
4	\$137,430
5	\$152,700*

*add \$15,270 for each additional dependent
GUIDELINES ARE SUBJECT TO CHANGE

List the name of each student and list the **complete** name of the public school the student would be **assigned** to.

Student's Name:

Indicate the complete name of the public school your child would be assigned to attend:

Student's Name:

Indicate the complete name of the public school your child would be assigned to attend:

Student's Name:

Indicate the complete name of the public school your child would be assigned to attend:

Student's Name:

Indicate the complete name of the public school your child would be assigned to attend:

Student's Name:

Indicate the complete name of the public school your child would be assigned to attend:

I declare that the information on this form is true and correct.

Parent Signature: _____

Please attach a copy of the letter you received from your public school district.