

# *Archdiocese of Omaha*

## *High School Tuition Assistance Program*

### *Funded by the following funds:*



#### **Omaha Archdiocesan Educational Foundation (OAEF):**

- For students enrolled in a Catholic high school in the Archdiocese of Omaha (grades 9-12).



#### **Archbishop's Annual Appeal:**

- For students enrolled in the 9th or 10th grade in a Catholic high school in the Archdiocese of Omaha.
- Scholarships are for tuition costs only. It does not cover registration fees, book fees, activity fees, etc.
- Qualified families are expected to pay a minimum of \$1,000 of the tuition costs per year. This will be waived only for applicants with seriously limited resources.

## **INCOME ELIGIBILITY CHART**

<u>Household Size:</u>	<u>Maximum Income Based on Total 2018 Annual Income:</u>
1	\$ 22,459
2	\$ 30,451
3	\$ 38,443
4	\$ 46,435
5	\$ 54,427
6	\$ 62,419
7	\$ 70,411
8	\$ 78,403
9	\$ 86,395
10	\$ 94,387
11	\$102,379
12	\$110,371

\*For each additional family member add \$7,992

# Archdiocese of Omaha Applicant Financial Summary

Form must be verified and signed by high school administration.  
Family's signature required. Return form to the school before: Monday, April 22, 2019

High School Name \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian's

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## Eligible Student(s)

Name: \_\_\_\_\_ Grade in 2019-2020: \_\_\_\_\_ race \_\_\_\_\_

Name: \_\_\_\_\_ Grade in 2019-2020: \_\_\_\_\_ race \_\_\_\_\_

Name: \_\_\_\_\_ Grade in 2019-2020: \_\_\_\_\_ race \_\_\_\_\_

Student attending another archdiocesan high school: Name \_\_\_\_\_ High School \_\_\_\_\_

## 2018 INCOME VERIFICATION

Number in Household: Adults \_\_\_\_\_ Children (under the age of 19) \_\_\_\_\_  
(Total must match exemptions indicated on 2018 IRS tax form. If not, an explanation must be attached.)

### TAXABLE INCOME

Adjusted Gross Income (from 2018 filed IRS tax form) \$ \_\_\_\_\_

Wages, W-2 (income tax was not filed) \$ \_\_\_\_\_

### NON-TAXABLE INCOME

Tax-Exempt Interest \$ \_\_\_\_\_

Social Security Benefits (include benefits received for dependents) \$ \_\_\_\_\_

Child Support Received \$ \_\_\_\_\_

Temporary Assistance for Needy Families (TANF) \$ \_\_\_\_\_

Welfare / Public Assistance \$ \_\_\_\_\_

SNAP (Food Stamps) \$ \_\_\_\_\_

Tuition Support from Family/Friends \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_

Other Non-Taxable Income \$ \_\_\_\_\_

**TOTAL FAMILY INCOME \$ \_\_\_\_\_**

I authorize the Archdiocese to utilize the information set forth above and release the Archdiocese from any liability stemming from its efforts to obtain assistance funding.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature

Note: Please use a separate sheet of paper for any additional information that would be helpful.

Office Use Only

Date Received: