



CATHOLIC CENTRAL HIGH SCHOOL

2010 – 2011 FINANCIAL AIDE APPLICATION INSTRUCTIONS

PLEASE READ CAREFULLY

LISTED BELOW IS THE INFORMATION YOU NEED TO PROVIDE FOR CONSIDERATION OF FINANCIAL AIDE (All information provided will be held in confidence.)

1. A COMPLETED APPLICATION
2. A COPY OF YOUR **2009** 1040 FEDERAL TAX RETURN INCLUDING ALL W2's/1099's
3. A LETTER OF RECOMMENDATION FROM YOUR PASTOR
4. A LETTER OF RECOMMENDATION FROM A RECENT TEACHER

Please remember that the support for the Financial Assistance Program is made possible through the generosity of organizations and individuals that hold true the value of Catholic education. After application of any financial assistance the remaining tuition balance is your responsibility and must be paid in full by June 30th. Any discount given for "payment in full" is not applicable when financial aide is accepted.

Conditions for accepting Financial AIDE are as follows:

- Family **must** make a monthly tuition payment beginning August 1, 2009. FINANCIAL AID WILL BE APPLIED EACH MONTH TO THE ACCOUNT AFTER THE FAMILY PAYMENT HAS BEEN MADE. Failure to make the monthly payment will result in loss of that months financial aid; which then becomes the responsibility of the family
- Family **must** participate in the Catholic Central SCRIP program, which includes the Kroger refillable card purchased through SCRIP.
- Student **must** comply with the school's attendance policy.
- Student **must** maintain a minimum 2.0 GPA for the school year.
- Student **must** maintain a satisfactory level of behavior.

TO BE CONSIDERED FOR Financial Aide
YOUR COMPLETED APPLICATION and ALL NECESSARY PAPERS
MUST BE RETURNED BY
April 30, 2010 (No Exceptions)



CATHOLIC CENTRAL HIGH SCHOOL

FINANCIAL AIDE APPLICATION FORM 2010-2011 SCHOOL YEAR

This completed application form, along with copies of all **2009 W-2 and/or 2009 Wage and Tax Statements for all employed family members**, copies of the **2009 Federal Income Tax 1040 Forms**, and a letter of recommendation from your family Pastor and a recent Teacher. All information is held in confidence and is due **no later than April 30, 2010 NO EXCEPTIONS.**

*Catholic Central High School
Financial Assistance Review Committee
320 West View
Steubenville, OH 43952*

Student Name: _____ Parish _____ First Middle Initial Last
Street Address _____
City/Town _____ Zip _____ Phone _____
Name of School Last Attended _____ Grade Next Year _____

Father/Guardian Name: _____
Father/Guardian Address: _____
Occupation of Father/Guardian: _____ Employer _____
Mother/Guardian Name: _____
Mother/Guardian Address: _____ (If different from Father's)
Occupation of Mother/Guardian: _____ Employer _____

Other Dependents:

1. _____	_____	_____
Name	Grade/year in college or other	School Attending
2. _____	_____	_____
Name	Grade/year in college or other	School Attending
3. _____	_____	_____
Name	Grade/year in college or other	School Attending
4. _____	_____	_____
Name	Grade/year in college or other	School Attending
5. _____	_____	_____
Name	Grade/year in college or other	School Attending
6. _____	_____	_____
Name	Grade/year in college or other	School Attending

