

**Presentation B.V.M. School**  
**105 Old Soldiers Road**  
**Cheltenham, Pennsylvania 19012**  
**Phone 215.379.3798 Fax 215.379.4430**  
**[www.presentationbvm.org/school](http://www.presentationbvm.org/school)**



**PRESENTATION BVM PARISH  
TUITION ASSISTANCE**

**SCHOLARSHIP FINANCIAL DISCLOSURE FORM**

Complete the attached Scholarship Financial Disclosure Form as accurately as possible. Please print the requested information and return to the School by June 1<sup>st</sup>.

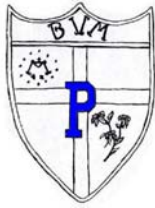
The purpose of this application is to enable the Scholarship Committee to review scholarship requests in a consistent and uniform manner. Please be assured that all information submitted will remain strictly confidential. **Applications which are incomplete or do not include all the required material cannot be processed.** If you have any questions regarding the application process, please do not hesitate to contact the Scholarship Committee through school (215) 379-3798, and a representative will be able to assist you.

The following material **MUST** accompany your application:

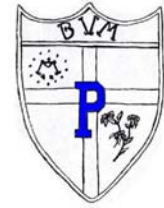
1. Copies of your Federal Income Tax Returns for the past two years (Federal Form 1040 with supporting schedules). The 1040 form is the document you file with the IRS each year by April 15<sup>th</sup>.
2. Those on welfare must provide a copy of a recent medical card or letter from their caseworker.

You will be notified by mail as to the status of your application. You may also be contacted by telephone to come to the Rectory to discuss your application. Submit your application to the Scholarship Committee at the address indicated on the last page. The entire household income is taken into consideration when scholarships are awarded.





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\_\_\_\_\_ not yet in school \_\_\_\_\_ in Elementary School \_\_\_\_\_ in High School \_\_\_\_\_ in College

**Other persons living with you:**

Name: \_\_\_\_\_ Annual income: \_\_\_\_\_

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

Name: \_\_\_\_\_ Annual income: \_\_\_\_\_

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

Did your family receive tuition assistance in the prior school year: \_\_\_\_\_

Did you apply for BLOCS Tuition Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you apply for Children's Scholarship Fund? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you purchase Scrip on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you receive any financial aid from any person or organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

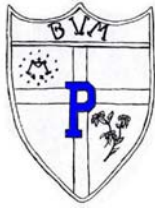
If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**Children attending other schools:**

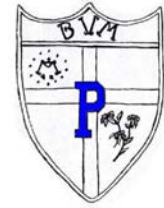
\_\_\_\_\_ (Name) \_\_\_\_\_ (School)

\_\_\_\_\_ (Name) \_\_\_\_\_ (School)

\_\_\_\_\_ (Name) \_\_\_\_\_ (School)



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**SOURCES OF INCOME:**

	<b>200_</b>	<b>200_</b>
Income earned from work:	_____	_____
Interest and Dividends:	_____	_____
Social Security:	_____	_____
Pension Benefits:	_____	_____
Unemployment compensation:	_____	_____
Child support:	_____	_____

	<b>200_</b>	<b>200-</b>
Welfare benefits:	_____	_____
Disability benefits:	_____	_____
Veteran's benefits:	_____	_____
Miscellaneous (please list):	_____	_____
_____	_____	_____
_____	_____	_____

**ATTACH COPIES OF YOUR PAST 2 YEARS' FEDERAL TAX RETURNS (FORM 1040) WITH SUPPORTING SCHEDULES**

**ASSETS:**

Parents' or other applicants' checking and savings: \_\_\_\_\_

Is your residence owned or rented? \_\_\_\_\_

If rented, what is your monthly payment? \_\_\_\_\_

If owned:  
 What is the current value of your home? \_\_\_\_\_

