

Saint Joseph Parish School
Msgr. Thomas P. Campbell Scholarship Application
CONFIDENTIAL



PLEASE COMPLETE AND RETURN THIS FORM BY SATURDAY, MAY 15.

Msgr. Campbell Scholarship is provided based on financial need. Families must apply for Diocesan Tuition Assistance (DTA) at <https://online.factsmgt.com/aid> by June 1 to be considered for Parish Aid as well as to be considered for any scholarships and/or other tuition assistance provided directly from St. Joseph Parish.

Did you apply for DTA through FACTS **before or on** March 15 (round 1)? ☐ YES ☐ NO

Did you apply for DTA through FACTS **after** March 15 (round 2)? ☐ YES ☐ NO

If you have not yet applied for Diocesan Tuition Assistance (DTA) through FACTS, there is still time.
DEADLINE for DTA is June 1.

DIRECTIONS

If you applied for DTA through FACTS **before or on** March 15, complete SECTION 1 & sign SECTION 3.

If you applied for DTA through FACTS **after** March 15, complete SECTION 1, SECTION 2, & sign SECTION 3. Also provide a COPY of your 2020 1040 tax form, 2020 schedule 1, and 2020 w2s.

SECTION 1

Names and Grades of Children attending St. Joseph Parish School:

Last Name	First Name	Grade for 2020-2021 School Year

Are there other financial circumstances that should be considered when determining tuition assistance for your family? Please explain below or on a separate sheet.

SECTION 2

Number of Children in Family: _____ Number of Adults in Household: _____

Number of Children attending other Catholic Schools (do not count St. Joseph attendees): _____

Name of Parish where family is registered as a member: _____

	Father's Information	Mother's Information
Name		
Email		
Cell		
Home Address (include zip)		
Employer		
Employer Address		
Title		
Gross Annual Income		

If you applied for DTA after March 15, attach a copy of your 2020 Income Tax Form, 2020 Schedule 1, and W-2s.

Monthly mortgage \$ _____

Monthly rent \$ _____

Monthly income from real estate other than your home \$ _____

Amount of tuition you feel you can afford to pay \$ _____

Amount of Tuition assistance requested \$ _____

SECTION 3

I certify all information provided is accurate. I understand applying for Parish Aid does not guarantee receipt.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

PLEASE COMPLETE AND RETURN THIS FORM BY SATURDAY, MAY 15.

Send completed form and any required tax forms to:

Parish Aid Application, St. Joseph Parish, 215 Falls Avenue, Cuyahoga Falls, OH 44221

or email to mrodgers@saintjoe.org