



St. Genevieve High School

Roadmap to our Tuition Assistance application process

The information provided here outlines the St. Genevieve High School's Tuition Assistance Program for the upcoming school year. All applications will be reviewed in light of the applying family's current financial situation balanced against the school's current fiscal health and budget.

Tuition Assistance is more than just economic aid. It is an investment made by the school to support and strengthen our families we have at the St. Genevieve High School Community. If you believe you may qualify for Tuition Assistance for the upcoming school year, don't hesitate to apply.

Deadline to apply for tuition assistance is: **January 20, 2019** for incoming freshman students

April 20, 2019 for returning students

- We process all tuition assistance applications in house
- Our Financial Assistance Application is on our website www.valiantspirit.com, under the admission tab.
- Download and print the application
- Please fill out the application
- If you have any questions about the application, leave the area blank and we will address the matter together
- Please provide us with copies of your full 2017 tax returns or any other form of income verification
- Include a \$50 processing fee for the application. Please enclose the payment with the packet. If the fee is not included with the application it will be included to your facts account
- Please submit the application to the High School Main office. Once we receive your application, we will reach out to you for an appointment.
- My appointment hours are from 11:00 AM to 6:00 PM, Monday through Friday.
- This is the link to Facts Management Co. <https://online.factsmgt.com/signin/3FV31> . We use their services for the collection of tuition and fees. This link is also on our website under the Parents Tab. You will have to setup your Facts accounts once our agreement is finalized

I look forward meeting with you.

Sincerely,

Zara Akopyan

zara@sgps.org

www.valiantspirit.com

(818) 894-6417 ext. 104



Tuition Assistance Application for 2019-20

School Office Use Only:
Due date: 01/20/2019 For
New Student ()
Due date: 04/20/2019 For
Returning Student ()
\$50 Fee Paid: _____

Student Information: Last Name _____ First _____
 Grade _____ GPA: _____ Current School _____

Household Information:

Parent/Guardian A (*Parent or guardian responsible for student*)

First Name: _____ Last Name: _____

Relationship with Student: Mother Father Grandparent Guardian Other _____

Currently Living With Student? Yes No

Mailing Address: _____

Primary Phone Number: _____ Email Address: _____

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired Disabled <input type="checkbox"/> Full-time student	Employer: If self-employed, type and name of business: _____	Occupation:
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Parent/Guardian B (*Parent or Guardian responsible for student*)

First Name: _____ Last Name: _____

Relationship with Student: Mother Father Grandparent Guardian Other _____

Currently Living With Student? Yes No

Mailing Address: _____

Phone Number: _____ Email Address: _____

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired Disabled <input type="checkbox"/> Full-time student	Employer: If self-employed, type and name of business: _____	Occupation:
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Please List all your dependents:

Dependents:

Name: _____ Age: _____ Attending School Name _____

Name: _____ Age: _____ Attending School Name _____

Name: _____ Age: _____ Attending School Name _____

Name: _____ Age: _____ Attending School Name _____

Name: _____ Age: _____ Attending School Name _____

LIST OF INCOME SOURCES		
ANNUAL SOURCES OF INCOME	PARENT/GUARDIAN A	PARENT/GUARDIAN B
Income Tax Filing Status for Year 2017	<input type="checkbox"/> Single <input type="checkbox"/> Married Joint <input type="checkbox"/> Married Filed Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File	<input type="checkbox"/> Single <input type="checkbox"/> Married Joint <input type="checkbox"/> Married Filed Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File
Employment Income	\$	\$
Business/Self-Employment Income	\$	\$
Cash Income (even if unreported)	\$	\$
Rental, S Corp, Partnership	\$	\$
Pension	\$	\$
Capital Gain	\$	\$
SSI (SSI statement)	\$	\$
Unemployment (EDD statement)	\$	\$
Disability (Annual Report)	\$	\$
Alimony (Letter w/amount of support)	\$	\$
Child Support (Letter w/amount of support)	\$	\$
CALFRESH: Benefit Amount Statement	\$	\$
CALWORKS:WELFARE/TANF (Benefit amount Statement)	\$	\$
Public Housing Assistance/SECTION 8 (Section 8 Allotment Amount)	\$	\$
OTHER INCOME (Explain)	\$	\$
TOTAL INCOME	\$	\$
Additional Information:		
Residence:		
<input type="radio"/> Own / Rent Payment: \$ _____ <input type="radio"/> Live With Relatives/Friends: _____ How much is your portion of the payment? _____ <input type="radio"/> Section 8 Housing/Federal Housing _____ How much is your portion of the payment? _____		
Assets (as of the date of this application):		
Cash, savings and checking accounts: \$ _____ Stocks, bonds: \$ _____		
Retirement accounts: \$ _____ Home equity (if you own your home): \$ _____		
Debt (as of the date of this application):		
Credit Card Debt: \$ _____ Other Debt(s): \$ _____		
Home Loan: \$ _____ Home Equity Loan: \$ _____		

Notes: _____

MONTHLY EXPENSE REPORT

TYPE OF EXPENSE	MONTHLY PAYMENT
HOUSING	
Mortgage/Rent (YOUR PORTION)	\$
Repairs/Maintenance Fees/HOA Fess	\$
UTILITIES	
Water and Power	\$
Gas	\$
Phone/Cell Phone	\$
Cable/Internet	\$
	\$
Food Expenses	\$
TRANSPORTATION	
Car Payment(s)	\$
Gas	\$
Car Insurance	\$
PERSONAL	
Health Insurance	\$
Life Insurance	\$
Credit Card Payments	\$
Misc. Payments	\$
Educational Expenses	
Current school tuition	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL MONTHLY EXPENSES	\$

Please use the space below to write a brief comment to help us understand your financial need/or special circumstances.

Please let us know how much aid will you need?

St. Genevieve High School Financial Aid Terms and Conditions

St. Genevieve High School Financial Aid Program is designed to assist students with tuition for enrollment. All information submitted in this application is confidential and provided for the purposes of determining eligibility for an aid from Saint Genevieve High School. By signing this application, you verify that you understand and agree that all information provided on this form is true, accurate and complete to the best of your knowledge. You further agree that you have provided requested forms for proof of income. St. Genevieve High School is under no obligation to review or accept any application that is incomplete, ineligible, unsigned, has not provided adequate proof of income, has discrepancies or lack of information that makes it impossible to render a funding decision. You further agree that your application must be submitted before the program deadline of **January 20, 2019** for new students and **April 20, 2019** for all returning students. Failure to submit your application by the deadline is grounds for refusal.

POLICY FOR PROOF OF INCOME

- Proof Of Income
 - Copies of **2017** Tax Returns
 - Page 1 and 2 TAX RETURNS (1040, 1040A, 1040EZ)
 - Copies of all supporting tax schedules if you have income from any of following sources:
 - Business (Form 1040, line 12 – Submit Schedule C or C-EZ: Page 1, 2 & other expenses)
 - Rental Property, Partnership, Trust (form 1040, line 17 – submit schedule E: Page 1 & page 2)
 - S Corporation (Form 1040, line 17 – submit schedule E: page 2, form 1120S)
- If laid off or unemployed please supply
 - Employer's letter/notification of lay off and a copy of unemployment benefits
- Cash income – Statement of income from employer or Notarized statement of proof of income
- Non-Taxable Income - Copies of all supporting documentation
 - Social Security Income, CALWORKS, Welfare/TANF, Child Support, Cal fresh: Food Stamps, Worker Compensation, Disability, Alimony, Section 8: Public Housing

In order to receive Financial Assistance from St. Genevieve High School, parent(s) must agree to participate in school wide fundraisers:

- **All recipients** must sell raffle tickets totaling \$300 and participate in Casino Night fundraiser \$60. Note: the cost of these tickets will be added to your FACTS tuition account. Total fundraiser amount will be \$360.00.
- **If granted more than \$2,000** you will be asked to participate in additional fundraising activities, including:
 - SCRIP- Each family must sell a total amount of \$1500.00 for the year

Service hours:

- Parents agree to complete required service hours or pay \$15 for each hour not served
- Total hours will be determined according to the amount granted

Terms and Conditions: Please take a moment to review the application instructions and requested documents one final time.

- This application and the amount granted by St Genevieve High School to your family should not be discussed with anyone.
- If confidentiality is breached, we reserve the right to rescind your tuition assistance.
- Registration fee must be paid.
- Your FACTS account has to be setup to insure the finalization of your application.
- Any student cleared from CEF waitlist who has received \$2,000 or more from SGHS financial aid program will not receive additional funding once CEF waitlist is cleared.
- **Student must attend all school wide major events: Night schools, Special events, Open House, Masses or risk losing their aid.**
- **Student must comply with the terms of their application.**
- **Student must consistently uphold and live the six pillars of character.**
- **Student understands that he/she is placed on academic or behavioral probation will risk losing some or all of the financial aid.**
- **We ask all parents to attend Night Schools. You will earn service hours while attending Night School events.**
- Once your application is processed and finalized you will receive an email or mail from FACTS Management Company indicating the adjustments made to your account.

SAINT GENEVIEVE HIGH SCHOOL HAS LIMITED BUDGET FOR FINANCIAL AID. WE RESERVE THE RIGHT TO DENY YOUR REQUEST DUE TO BUDGET CONSTRAINTS.

Your signature below indicates that you have read and understood the terms of this program.

The information provided on this application is true, accurate and complete.

We thank you for investing in your child's future!

Signature of Parent/Guardian A: _____ Date: _____

Signature of Parent/Guardian B: _____ Date: _____