

**PARENT INFORMATION**

Last Name		First Name			
Mailing Address		City	State	Zip Code	
Daytime Phone Number	Evening Phone Number		Email		
Relationship to student(s): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (less than 30 hours/week) <input type="checkbox"/> Stay-at-Home (full-time family care) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Student					
Employer			Occupation		
Spouse's Employment Status: (if applicable) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (less than 30 hours/week) <input type="checkbox"/> Stay-at-Home (full-time family care) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Student					
Employer			Occupation		

**STUDENT INFORMATION**

Student #1					
Last Name		First Name		Middle Initial	
Ethnic Background: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial					
Date of Birth	Male/Female	Grade (Fall 2018)	Annual Tuition (per BRCS chart)		
Student #2					
Last Name		First Name		Middle Initial	
Ethnic Background: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial					
Date of Birth	Male/Female	Grade (Fall 2018)	Annual Tuition (per BRCS chart)		
Student #3					
Last Name		First Name		Middle Initial	
Ethnic Background: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial					
Date of Birth	Male/Female	Grade (Fall 2018)	Annual Tuition (per BRCS chart)		

If there are more than three students in the family, please photocopy this page, complete, and insert with application.  
Demographic information is not required for consideration, but is required for completion of government surveying.

## INCOME INFORMATION

1. **Size of Household:** Number of adults living in this household: \_\_\_\_\_ Number of children living in this household: \_\_\_\_\_
2. **Do you file a federal income tax return:**  Yes, I file taxes.  
 Yes, I file taxes but do not receive W2 income.  
 No, I do not file taxes.
3. **Does your spouse file a federal income tax return:**  Yes, my spouse and I file jointly.  
 Yes, my spouse and I file jointly but my spouse does not receive W2 income.  
 Yes, my spouse files separately.  
 Yes, my spouse files separately but does not receive W2 income.  
 No, my spouse does not file.  
 Not applicable.

### Taxable Income

4. Please list the Adjusted Gross Income (Form 1040, Line 37) from your most recent federal tax return..... \_\_\_\_\_
5. If filing jointly, please enter "0".  
 If filing separately, list the Adjusted Gross Income from your spouse's most recent tax return..... \_\_\_\_\_
6. Do you own any of the following?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Business (Form 1040, Line 12)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Farm (Form 1040, Line 18)            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Rental Property (Form 1040, Line 17) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. S Corporation (Form 1040, Line 17)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Partnership (Form 1040, Line 17)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**\*IMPORTANT: If you file a tax return but do not have W2 wages because you are self-employed, you are still required to submit a copy of your 2017 federal tax return.**

### Nontaxable Income

Do you receive:

- |  |                              |                             |                                 |                                  |                                   |          |
|--|------------------------------|-----------------------------|---------------------------------|----------------------------------|-----------------------------------|----------|
| 7. Child Support   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> annually | \$ _____ |
| 8. Social Security benefits that were <u>not taxed</u> , such as SSI   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> annually | \$ _____ |
| 9. Temporary Assistance for Needy Families (TANF)                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> annually | \$ _____ |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> annually | \$ _____ |
| 11. Food Stamps  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> annually | \$ _____ |
| 12. Workers' Compensation  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> annually | \$ _____ |
| 13. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> annually | \$ _____ |

**Along with this application, please submit a complete copy of your most recent tax return including all supporting tax schedules and documentation for nontaxable income. If you do not file a tax return, documentation of nontaxable income is required. This application is not considered complete unless it is accompanied by all requested supporting documents, and incomplete applications will not be processed or considered.**

# INTERVIEW

Please answer the following questions to the best of your ability.

How important is it to you to have your child(ren) at Bishop Ryan Catholic School? (Please explain.)

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Have you pursued financial assistance from any family members who may be willing to help? If so, what was the result? If not, why not?

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Do you have any skills or work competency that you are willing to donate as work study?

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Is your financial position likely to change within the next year?

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Have you pursued extra work in order to pay for tuition?

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If you have high school-aged children, do they work? Do they help with tuition?

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Are there leisure expenses that can be cut from your annual budget?

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Are you willing to volunteer over and above the normal volunteer requirements when asked?

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Do you actively promote Bishop Ryan Catholic School by speaking well of the school in public and private conversations and on social media?

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Do you participate in school fundraisers by volunteering, selling raffle tickets, etc.?

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Do you participate in the school's Scrip program? If not, why not?

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CURRENT BRCS FAMILIES ONLY: Did you fulfill your Parent Volunteer Program commitment (through volunteerism and/or use of Scrip) during the 2017-2018 school year?

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By signing this form, I acknowledge that the information provided is true, correct and complete to the best of my knowledge and that I am authorized to sign this form and disclose this information.

I also acknowledge that by accepting tuition assistance from Bishop Ryan Catholic School, I agree to do my part in supporting the school by volunteering for fundraising events and making purchases through the Scrip program.

I understand that my lack of participation in fundraising events and with the Scrip program may negate my family's opportunity for tuition assistance for the following school year at Bishop Ryan Catholic School.

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Signature

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Date