Return To:
Catholic Youth and School Services
P.O. Box 985
Toledo, Ohio 43697
Phone: (419) 244-6711
Fax: (419) 255-8269

FAMILY LAST NAME: _____

Diocese of Toledo "One Faith...Many Blessings"
Educational Scholarship Application 2008-09

This form must be returned to Catholic Youth and School Services by Friday, May 16, 2008 to be considered for scholarship assistance

Please Print

SECTION 1

Parent/Guardian's Name:_____
First Middle Initial or Name Last

Parent/Guardian's Name::_____
First Middle Initial or Name Last

Address: _____City: _____State: _____Zip:_____

Home Phone: ( )_____Work Phone : ( )_____Name:_____

Other Phone: ( )_____Name:_____E-Mail_____

Is either parent employed by a Catholic school as a teacher or administrator? ____ Yes ____ No

If yes, indicate the school and location: _____

Complete the following information for each of your children who attend or will attend a Catholic school in the Diocese of Toledo in 2008-09.
(Add additional names on the back of paper)

Student Name	Current Grade	Current School	Location (current school)	If 8th grader, H.S. to attend in 2008-09
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 2

Total number of people in household: _____

INCOME SOURCE	FATHER	MOTHER	OTHER
Adjusted Gross Income reported on 2007 FEDRAL 1040*			
AFDC/ADC/SSI/food stamps/Sec. 8/ other public assistance			
Any other additional income (including child support and unemployment)			
TOTAL individual income			

All parents and guardians who claim children as dependents must report all 2007income on this form and attach supporting documentation of that income.*

Total Household Income
(Sum of bottom row)

*Please attach a copy of your **signed** 2007 Federal 1040 tax return with dependents listed. If a federal return has not been completed for 2007, provide proof of all income earned during 2007.
Married couples filing separately must attach both 1040 forms. Failure to document income by the deadline may result in not being considered for a scholarship. Do **not** send state tax forms. For a free copy of your 1040 call the Internal Revenue Service at 1-800-829-1040.

I certify that all the information provided on this form is true and complete to the best of my knowledge. I promise to pay my child's school account in a timely manner, and comply with the policies of my children's chosen school. I understand that failure to comply with the above statements will result in the loss of my family's scholarship. I agree to release CYSS from any and all liability in its efforts to provide this scholarship.

Parent/Guardian signature: _____ Date:_____

SECTION 3

Complete this section only if you did not file taxes in 2007.
(Parents and guardians using a notary must also provide official documentation of **all 2007 income**, such as public assistance statements, child support documents, and Social Security statements.)

Space for Notary Stamp

Notary Signature _____Date _____

Notary Name Printed_____

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For CYSS office use only:
Date received: _____ Additional information requested:_____

Additional information received: _____