



Dept. 900X

NOTICE:

Please write **Dept. 900X** at the bottom left hand corner of your mailing envelope for priority processing.

MAIL COMPLETE APPLICATION AND
ALL DOCUMENTS REQUIRED TO:
PRIVATE SCHOOL AID SERVICE
PO BOX 458025
WESTLAKE OH 44145-8025



Student Sponsor Partners provides at-risk high school students of New York City a quality, non-public high school education, through the financial support of a sponsor and one-to-one guidance of a four-year mentor.

There are limited seats available, so applicants are encouraged to apply as early as possible. You will be notified of your status within 90 days of submitting a completed application.

SSP REQUIREMENTS

To be eligible for participation in SSP, you **must**:

1. be entering 9th grade in September 2012.
2. want to attend one of SSP's partner high schools (see list below).

Additionally, please note the following:

1. Most students who are accepted attend **public** middle schools.
2. Priority is given to students from low-income families.
3. SSP does not discriminate on the basis of religion, race, and/ or national origin.
4. **Students and their families** are required to pay a minimum of **\$900 towards school tuition each year (subject to change)**. Please note that students may also have to pay school fees in addition to their tuition payment.
5. All SSP students **MUST** attend a **summer school program during the month of June, July or August** before their first year in the program.
6. All SSP students **MUST** maintain a relationship with an adult mentor.

LIST OF SSP PARTNER SCHOOLS

List as of 9/1/2011 is subject to change without notice.

GIRLS

Academy of Mount St. Ursula, Bronx
Aquinas High School, Bronx
Bishop Kearney High School, Brooklyn
Catherine McAuley High School, Brooklyn
Cathedral High School, Manhattan
Mother Cabrini High School, Manhattan
Preston High School, Bronx
St. Barnabas High School, Bronx
St. Catharine Academy, Bronx
St. Jean Baptiste High School, Manhattan
St. Joseph High School, Brooklyn
St. Raymond Academy, Bronx
The Mary Louis Academy, Queens

BOYS

All Hallows High School, Bronx
Cardinal Hayes High School, Bronx
Holy Cross High School, Queens
La Salle Academy, Manhattan
Mount St. Michael Academy, Bronx
Monsignor McClancy, Queens
Rice High School, Manhattan
St. Agnes Boys High School, Manhattan
St. Raymond High School for Boys, Bronx

CO-EDUCATIONAL

Bishop Ford Central Catholic
High School, Brooklyn
Bishop Loughlin Memorial
High School, Brooklyn
Blessed Sacrament - St. Gabriel
High School, New Rochelle
Christ the King High School, Queens
Martin Luther High School, Queens
Monsignor Scanlan High School, Bronx



Student Sponsor Partners provee educación secundaria no pública para estudiantes de alto riesgo en la ciudad de Nueva York, por medio del soporte financiero de un patrocinador y la ayuda de uno-a-uno de un mentor.

Hay plazas limitadas disponibles, así que se anima a aplicar lo antes posible. Se le notificará de su estado dentro de los 90 días de haber presentado una solicitud completa.

REQUISITOS DE SSP

Para ser elegible para participar de SSP, usted **debe**:

1. Estar entrando al 9no grado en Septiembre 2012.
2. Querer atender una de las preparatorias asociadas a SSP (vea la lista debajo).

Adicionalmente, por favor note lo siguiente:

1. La mayoría de los estudiantes que son aceptados asisten a escuelas secundarias **Públicas**.
2. Se le da prioridad a los estudiantes que pertenecen a familias de bajos ingresos.
3. SSP no discrimina basado en religión, raza, y/o origen nacional.
4. **Los estudiantes y sus familias** deben pagar un mínimo de **\$900 para la colegiatura cada año (sujeto a cambiar)**. Tenga en cuenta que los estudiantes pueden tener que pagar costos escolares, además de su pago de la colegiatura.
5. Todos los estudiantes de SSP DEBEN asistir **a un programa de escuela de verano durante el mes de Junio, Julio o Agosto** antes de su primer año en el programa.
6. Todos los estudiantes de SSP DEBEN mantener una relación con un mentor adulto.

LISTA DE LAS ESCUELAS ASOCIADAS A SSP

Lista a partir de 9/1/2011 está sujeta a cambios sin previo aviso.

<u>NIÑAS</u>	<u>NIÑOS</u>	<u>CO-EDUCACIONAL</u>
Academy of Mount St. Ursula, Bronx	All Hallows High School, Bronx	Bishop Ford Central Catholic
Aquinas High School, Bronx	Cardinal Hayes High School, Bronx	High School, Brooklyn
Bishop Kearney High School, Brooklyn	Holy Cross High School, Queens	Bishop Loughlin Memorial
Catherine McAuley High School, Brooklyn	La Salle Academy, Manhattan	High School, Brooklyn
Cathedral High School, Manhattan	Mount St. Michael Academy, Bronx	Blessed Sacrament - St. Gabriel
Mother Cabrini High School, Manhattan	Rice High School, Manhattan	High School, New Rochelle
Preston High School, Bronx	St. Agnes Boys High School, Manhattan	Christ the King High School, Queens
St. Barnabas High School, Bronx	St. Raymond High School for Boys, Bronx	Martin Luther High School, Queens
St. Catharine Academy, Bronx		Monsignor Scanlan High School, Bronx
St. Jean Baptiste High School, Manhattan		
St. Joseph High School, Brooklyn		
St. Pius V High School, Bronx		
St. Raymond Academy, Bronx		
The Mary Louis Academy, Queens		



THE APPLICATION PROCESS

Candidates may be interviewed and/or tested before admissions decisions are made. Applicants should not assume their acceptance to SSP until they are officially notified in writing by an SSP Partner School.

Students who apply to SSP are encouraged, but not required to take the TACHS exam. Additionally, students accepted to a school through the TACHS are not guaranteed SSP placement.

There are limited seats available, so applicants are encouraged to apply as early as possible. You will be notified of your status within 90 days of submitting a completed application.

FILLING OUT THE APPLICATION

All three parts of the application must be completed by the appropriate persons in blue or black ink only (no pencil) and returned in one envelope.

Part 1

- **Part 1 must be completed by the student applicant.**

Part 2

- **Part 2 must be signed by the student applicant as well as the parent or guardian.**

Part 3

- **Part 3 must be completed by a teacher or guidance counselor.**

MAILING INSTRUCTIONS

Complete contact and mailing instruction details can be found on page 12 of this application.

SSP REGISTRATION POLICY

Though applicants are given the opportunity to list their school preference, not every student accepted to SSP is admitted to the Partner School of their first choice. Students who have not heard whether they are accepted to SSP must not register with a Partner School unless they are prepared to pay full tuition at that school. Please note that most high school registration fees are non-refundable. Partner Schools published registration deadlines can be disregarded by SSP applicants; registration dates for SSP students are different from those for the schools' general student populations.

EI PROCESO DE SOLICITUD

El estudiante puede ser entrevistado o ser sometido a un examen antes de que se tome una decisión. No asuma que ya fue aceptado a SSP hasta que no reciba un aviso oficial por escrito de una de las escuelas de convenio con SSP.

Los estudiantes que soliciten la SSP se aconseja, pero no están obligados a tomar el examen TACHS. Ser aceptado/a a una escuela por el examen TACHS no le garantiza admisión a SSP.

Hay plazas limitadas disponibles, así que se anima a aplicar lo antes posible. Se le notificará de su estado dentro de los 90 días de haber presentado una solicitud completa.

INSTRUCCIONES

Todas las tres partes de la aplicación deben ser llenadas por las personas indicadas con un bolígrafo (negro o azul) y enviadas juntas en UN solo sobre.

Parte 1

- **Parte 1 debe ser completado por el estudiante solicitante.**

Parte 2

- **Parte 2 debe ser firmada por el estudiante y los padres o tutor.**

Parte 3

- **Parte 3 debe ser llenada por un maestro o consejero.**

INSTRUCCIONES PARA ENVIAR POR CORREO

La información completa y detallada puede encontrarla en la página 12 de esta solicitud.

REGLAMENTOS PARA EL REGISTRO DE SSP

No se registre a ninguna escuela a menos que pueda pagar la colegiatura completa. No todos los estudiantes son colocados en su escuela de más interés, no hay manera de saber donde SSP te va a colar. Los estudiantes de SSP tienen su propia fecha de registro distinta a la de los demás alumnos. Los pagos de admisión no son reembolsables.

PART 1. STUDENT APPLICATION

There are limited seats available, so applicants are encouraged to apply as early as possible. You will be notified of your status within 90 days of submitting a completed application.

A. Student Information

Parent SSN# _____

Student SSN# _____

Student's Full Name _____ Gender: M F Date of Birth _____
MM/DD/YYYY

Address _____ Apartment # _____ City _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Email _____

Write the subway or bus stop that is closest to your home _____
(ex: SUBWAY: 2, 3 at 125th Street OR BUS: M61 at 125th Street/Lenox Avenue)

How did you hear about SSP? (check the one that best applies)

- | | |
|--|---|
| a. <input type="checkbox"/> My current school.
b. <input type="checkbox"/> Another organization or church in my community. (name) _____
c. <input type="checkbox"/> An SSP Sponsor. (name of sponsor) _____
d. <input type="checkbox"/> A high school open house. (name of high school) _____ | e. <input type="checkbox"/> My brother(s)/sister(s) who was/is an SSP student.
f. <input type="checkbox"/> My social worker.
g. <input type="checkbox"/> Word of mouth.
h. <input type="checkbox"/> SSP's website
i. <input type="checkbox"/> Advertisement |
|--|---|

My son/daughter (the applicant) currently receives financial assistance from: (check one)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cardinal Scholar's Program | <input type="checkbox"/> Be a Student's-Friend | <input type="checkbox"/> Inner-City Scholarship | <input type="checkbox"/> Children's Scholarship |
| <input type="checkbox"/> Alive in Hope Foundation | <input type="checkbox"/> Futures in Education | <input type="checkbox"/> Bishop's Scholarship | <input type="checkbox"/> Angel Scholarship Program |
| <input type="checkbox"/> DOB Scholarship Program | <input type="checkbox"/> Other | | |

B. Family Information

Full name(s) of parent(s)/guardian(s) _____

Full name(s) and age(s) of sibling(s) _____

Full name(s) of brother(s) and/or sister(s) who now attend or graduated through the SSP program.

Full Name	High School	Graduation Year
1.		
2.		

If you have a brother or sister who is applying to SSP this year, please write his or her full name here: _____

C. Middle School Information

Name of school you are currently attending: _____

Type of school? (check one): a. Public b. Public/Charter c. Private d. Parochial e. Home School

What grade are you in now? _____

What was your score on the ELA exam in the 7th grade? (check one) 1 2 3 4

Note: This information can be found on your 7th grade report card.

What was your score on the STM exam in the 7th grade? (check one) 1 2 3 4

Note: This information can be found on your 7th grade report card.

Check this box if you did not take the ELA or STM exams in 7th grade

Name of the school you attended last year (if different from above): _____

Have you ever repeated a grade(s)? Yes No

Have you ever been dismissed from a school you were attending? Yes No If yes, why? _____

D. High School Information

From the list of SSP partner schools on page one (or online at www.sspnyc.org), write the names of the **top 3 SSP partner schools** that you would like to attend, in order of preference. *Only list schools that are involved with SSP.*

1st Choice _____ 2nd Choice _____ 3rd Choice _____

If you are not familiar with the SSP Partner Schools check here:

Did you take or do you plan to take the TACHS exam? Yes No If yes, **YOU MUST** list the 3 schools you applied to, in order, in the spaces provided below. If received, *attach a copy of the TACHS home report.*

1 _____ 2 _____ 3 _____

Please list any high schools you have already been accepted to:

P A R T 2. CONSENT & ATTACHMENTS

A. Student Consent:

By signing below, I declare that the information provided in this Student Application is true, correct and complete to the best of my knowledge.

SIGNATURE OF STUDENT _____ DATE _____

B. Parental Consent:

By signing below, I declare that the information provided in the Financial Statement is true, correct and complete to the best of my knowledge. I understand that any falsification of information and/or refusal to comply with the above could disqualify my child from further participation in SSP.

SIGNATURE OF PARENT _____ DATE _____

C. Permission to Release:

If my child is accepted into Student Sponsor Partners, I hereby agree that any information pertaining to the educational and personal well being of my child may be provided to Student Sponsor Partners' staff and my child's Sponsor from whatever school he or she is assigned to. This includes but is not limited to report cards, progress reports, deficiency notices and other relevant information. If my child is accepted into SSP, I agree to forward to Student Sponsor Partners a photocopy of his or her final 8th grade transcript at the conclusion of this 2011-2012 academic year. I understand that SSP will continue to track my child's progress after high school, and consent to the release of educational records from my child's post-secondary educational institution(s). Lastly, I hereby grant Student Sponsor Partners permission to publish my child's name and/or photograph in any medium whatsoever that is in direct association with SSP including, but not limited to, the SSP website, annual newsletter, brochures and other marketing materials.

SIGNATURE OF PARENT _____ DATE _____

(Consent & Attachments Page 1 of 1)

PARTE 2. CONSENTIMIENTO Y DOCUMENTOS

A. Consentimiento Del Estudiante :

Al firmar aquí, yo declaro que la información provista en esta solicitud de estudiante es verdadera, correcta, y completada a mi mejor conocimiento.

Firma del Estudiante: _____ Fecha: _____

B. Consentimiento Parental :

Al firmar aquí, yo declaro que la información provista en la declaración financiera es verdadera, correcta, y completada a mi mejor conocimiento. También entiendo que si hay información falsificada en esta solicitud y de no cumplir con lo acordado arriba, mi hijo/a no conseguirá esta beca.

Firma del Pariente: _____ Fecha: _____

C. Permiso para publicar información:

Si mi hijo/a es aceptado/a al programa Student Sponsor Partners, yo estoy de acuerdo que cualquier información perteneciendo a su bien estar educativo y personal puede ser proporcionado a miembros de SSP y al patrocinador de mi hijo/a cual sea la escuela que asignen a mi hijo/a. Esto incluye, pero no es limitado a los reportes de las calificaciones, reportes de progreso, noticias de deficiencia académica, y otra información relevante. Si mi hijo/a es aceptada al programa, yo me asegurare de mandar una copia oficial de las calificaciones finales del octavo grado al concluirse el año escolar 2011-2012. Yo tengo conocimiento de que el programa SSP continuara evaluando el progreso de mi hijo aun después de haber finalizado la preparatoria y que pueden obtener reportes académicos de la universidad que mi hijo/a asista. Finalmente, le doy permiso al programa Student Sponsor Partners para publicar el nombre de mi hijo/a o su fotografía en cualquier documento que tenga que ver con el programa. Esto incluye, pero no es limitado a la página web, revista anual, folletos, u otros materiales de mercadeo del programa SSP.

Firma del Pariente: _____ Fecha: _____

(Consentimiento & Fijaciones Llamam 1 de 1)

PART 3. TEACHER/GUIDANCE COUNSELOR RECOMMENDATION FORM

Give pages 8, 9, and 10 to a subject teacher (English, Math, Science, or Social Studies ONLY)
or Guidance Counselor writing your recommendation.

1. **Place your completed recommendation form in an envelope with the applicant's name on the front and your signature across its seal. Then return the envelope to the student; do not mail the recommendation form separately.** As the recommendation form is CONFIDENTIAL, remind the student that if s/he opens the recommendation envelope, s/he will automatically be disqualified as an SSP applicant.

SSP REQUIREMENTS

2. SSP is a not-for-profit, non-sectarian program, offering four-year scholarships to students at partner high schools in the Bronx, Manhattan, Brooklyn and Queens.
3. SSP admits students entering the ninth grade in September 2012 only.
4. SSP admits students who are both educationally and economically disadvantaged. SSP seeks to serve average and below average students who would be at-risk of dropping out of their public high schools, but have the unrealized academic ability to succeed.
5. SSP gives priority to students who have attended public middle schools.
6. Students from low-income, single parent families are given priority. Families must demonstrate that their financial situation makes it *impossible* for them to pay the annual tuition at a nonpublic high school. Please note that SSP students will be required to pay approximately **\$900** (subject to change) towards tuition every school year.
7. SSP does not discriminate on the basis of religion, race, and/or national origin.
8. Applicants are encouraged to apply as early as possible. Applicants will be notified of their status within 90 days of submitting a completed application.

(Recommendation Form Page 1 of 3)

P A R T 3 . T E A C H E R O R G U I D A N C E R E C O M M E N D A T I O N

Please return this form **to the applicant** in an envelope with **your signature across the seal; do not mail it separately.**

This section to be completed by the student applicant (please print): **Parent's Name** _____
Student's Name _____ **Student's Phone Number** () _____

Teacher or Guidance Counselor's Name _____
Mr./Ms./Mrs. *First Name* *Last Name*

School _____ Telephone Number () _____ ext _____

Email _____

How long have you known the applicant? _____

How well do you know the applicant on a personal level? (check one): Not Well Fairly Well Well Very Well

What type of lunch subsidy is the applicant currently receiving? (check one): A. Free Lunch B. Reduced Lunch C. No Subsidy

Rate the applicant's academic performance in relation to that of other students in your school, elaborating below. (check one):

Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Exceptional <input type="checkbox"/>	Not Able to Comment <input type="checkbox"/>
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Does this student have an IEP? Yes No

If yes, what support services are provided for this student? (check one)

Resource Room SETTS CTT CTT None

If yes, please send a copy of the student's IEP.

During 2011-2012 and/or 2010-2011 school years, has the student taken ESL classes or been deemed ELL/LEP? Yes No

Rate this applicant's behavior in school and among peers. (check one):

Behavior is Very Poor <input type="checkbox"/>	Behavior is Average <input type="checkbox"/>	Behavior is Better Than Most <input type="checkbox"/>	Behavior is Exceptional <input type="checkbox"/>	Not Able to Comment <input type="checkbox"/>
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Does the student have a confidential file or demonstrate behavior problems? Yes No

Has this student been dismissed, suspended or expelled from a class or school for any reason? Yes No

(Recommendation Form Page 2 of 3)

Recommendation Form (continued)

Does the applicant have any high school options besides his or her local public high school (other private schools, boarding schools, specialized New York City high schools, etc.)? If so, what are they and what is the likelihood that s/he will be admitted to these schools?

Rate the applicant's family's involvement in his/her education. (check one):

Not Involved <input type="checkbox"/>	Involved <input type="checkbox"/>	Highly Involved <input type="checkbox"/>	Exceptionally Involved <input type="checkbox"/>	Not Able to Comment <input type="checkbox"/>
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Rate the applicant's family's financial need relative to the other families in your school. (check one):

Not Needy <input type="checkbox"/>	Somewhat Needy <input type="checkbox"/>	Very Needy <input type="checkbox"/>	Financial Situation is Grave <input type="checkbox"/>	Not Able to Comment <input type="checkbox"/>
---------------------------------------	--	--	--	---

Share relevant insight, if any, on the applicant's family structure (specifically regarding the number of parents and siblings in the home), financial status and needs. Please be as specific as possible. _____

Student Sponsor Partners seeks to serve students who are at risk of dropping out of high school, but have the ability and desire to achieve academically and pass appropriate Regents. Do you believe that this applicant will be able to successfully complete their course of study in one of our partner schools (check one)? Elaborate below.

- Will complete high school at a superior level
- Will complete high school, performing at an average academic level
- Will struggle and will require assistance, but will complete high school
- Concerned about ability and/or motivation to complete high school in a disciplined academic setting

Our program requires that each student participant be matched with an adult sponsor/mentor who will serve as an academic role model for the student's four years of high school. The student will be required to be responsive to his/her sponsor and to contact the sponsor regularly. Failure or unwillingness to do so may result in the termination of this student's scholarship. In your opinion, will the applicant fare well in this type of relationship? Please elaborate. _____

RECOMMENDER SIGNATURE _____ DATE _____

(Recommendation Form Page 3 of 3)

The applicant must submit the following documents with his/her application. Please assist the applicant by providing copies of these documents along with your recommendation form.

THE STUDENT'S APPLICATION WILL BE AUTOMATICALLY REJECTED WITHOUT THESE DOCUMENTS:

1. Student Historical Profile Report (RHSP) OR a report of comparable standardized math & reading test scores (i.e. IOWA, Stanford, etc.).
2. A copy of the student's complete report card from the 2010/2011 school year .
3. A copy of the student's most recent report card from this 2011/2012 school year.



MAILING THE APPLICATION

Attach the following where applicable:

1. TACHS home report as well as copies of all acceptance/rejection letters from these schools, including scholarship letters.
2. Application to public high school, listing your 12 choices, along with the “match” letter if the student has been accepted.
3. Student Historical Profile Report (RHSP) OR a comparable print-out of standardized math and reading test scores (i.e. IOWA, Stanford, etc.) (obtain from your child’s guidance counselor).
4. A copy of the student’s complete report card from the 2010/2011 school year.
5. A copy of the student’s most recent report card from this 2011/2012 school year.
6. If you are not the biological parent of the student applicant, please attach documentation proving your legal guardianship of him/her.

Please mail complete application and all documentation to:

PRIVATE SCHOOL AID SERVICE

PO BOX 458025

WESTLAKE OH 44145-8025

If you have any questions about the application or application process please contact the PSAS support team at (800) 513-1943 and reference the Student Sponsor Partners program.

PARA ENVIAR LA SOLICITUD

Adjunte los debidos documentos:

1. TACHS home report y también fotocopias de todas las cartas de aceptación o rechazo de esas escuelas, incluyendo cartas de becas.
2. La solicitud para escuela publica, notando sus 12 elecciones, también con la carta de aceptación, si el estudiante es aceptado.
3. El reporte del perfil histórico del estudiante (RHSP) O las copias de los resultados de los exámenes estandarizados. (Por ejemplo, IOWA, Stanford, etc.) (Estos documentos se pueden obtener del consejero de la escuela)
4. Una copia del reporte de calificaciones del año escolar 2010/2011.
5. Una copia del reporte de calificaciones más reciente de este año escolar 2011/2012.
6. Si no eres el padre biológico del solicitante, por favor adjunte los documentos que prueban que usted tiene custodia legal del solicitante.

Por favor envíe la aplicación completa y la requerida documentación directamente a:

PRIVATE SCHOOL AID SERVICE

PO BOX 458025

WESTLAKE OH 44145-8025

Si usted tiene alguna pregunta acerca de la aplicación o el proceso de la aplicación, por favor contacte el grupo de atención al cliente de PSAS al (800) 513-1943 en referencia al programa Student Sponsor Partners.



PRIVATE SCHOOL AID SERVICE

PARENT LAST NAME _____

Student Aid Form 2012-2013



This form must be postmarked no later than _____.

STUDENT LAST NAME _____

TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note the required tax year documentation.

1. Detailed copies of all pages and Schedules of your **2010** Federal Income Tax Return Form 1040, 1040A, or 1040EZ (**as filed with the IRS**) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule A, C, E or F, you must provide copies.
2. Copies of all **2010** W-2 Wage and Tax Statement Forms, all **2010** 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8 1/2 x 11 paper**).
3. Documentation of TOTAL AMOUNTS received in **2010** for all Non-Taxable Income (see Section G for specific requirements).
4. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$XX.XX (**All returned checks will incur an additional fee of \$25.00**).
5. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B.

**IMPORTANT: If the above items do not accompany this application,
your application will not be considered complete.**

Keep a copy of this completed application for your records.

Student Aid Form • 2012 – 2013

• IMPORTANT: Print clearly and neatly with a ball point pen •

A PARENT, GUARDIAN or OTHER ADULT RESPONSIBLE FOR TUITION

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Age _____ (_____) _____
 (Area Code) Home Phone _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 (_____) _____
 (Area Code) Work Phone _____ E-mail address _____

Employed by _____ How Long? _____ May PSAS contact you at work if there are questions? Yes No
 If you are self-employed, check this box.

B PARENT, GUARDIAN or OTHER ADULT RESIDING WITH PARENT A

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Age _____ (_____) _____
 (Area Code) Home Phone _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 (_____) _____
 (Area Code) Work Phone _____ E-mail address _____

Employed by _____ How Long? _____ May PSAS contact you at work if there are questions? Yes No
 If you are self-employed, check this box.

C DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2012. _____

Please list all dependent children in order of oldest to youngest, including college students. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc.

1	Dependent Last Name	Dependent First Name	MI	Age	Relation to Parent/Guardian A	Name of school student plans to enter in the fall of 2012 (PLEASE DO NOT ABBREVIATE)		Grade in the fall of 2012	Applying for Aid? (check one)		Amount I/We feel I/We can pay toward tuition	Tuition charged yearly per student	Office Use Only
						School Name:	City/State		YES	NO			
1						School Name:	City/State:						
2						School Name:	City/State:						
3						School Name:	City/State:						
4						School Name:	City/State:						
5						School Name:	City/State:						

Please check if additional dependents are listed on a separate sheet.

D HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2012-2013 school year:

Parents/Guardians _____ Children _____ Other* _____

*If Other, please explain relation to Parent _____

2. Current marital status/housing arrangement of Parent/Guardian A:

- a. Single, never Married* d. Divorced* g. Residing w/Significant Other
 b. Married e. Remarried* h. Other: _____
 c. Widowed f. Separated* _____

*If Divorced, Remarried, Separated or Single, please complete Section E.

E DIVORCED, SEPARATED OR SINGLE PARENTS (TO BE COMPLETED BY PARENT OR GUARDIAN LISTED IN SECTION A)

- Date of separation (Month/Year) _____
- Date of divorce (Month/Year) _____
- Non-custodial parent _____
 Last Name _____ First Name _____ MI _____
- Do you receive or pay child support? Receive \$ _____ per year
 Pay \$ _____ per year
 Neither

- Who claimed student as a tax dependent in 2010? _____
- Who is responsible for the tuition for the dependent(s) listed in Section C?
 Father _____ % Name _____
 Mother _____ % Name _____
 Other _____ % Name _____*

*If tuition is shared, each responsible party must complete a Student Aid Form (SAF).

F TAXABLE INCOME

The **2010** federal tax return for student's household was:

- Filed
 I/we do not file. I/we only receive non-taxable income

Actual 2010

1. Total number of exemptions claimed on Federal Income Tax form:
2. Parent/Guardian A total taxable income from W-2 wages. (Total income for Parent A only) \$ _____
3. Parent/Guardian B total taxable income from W-2 wages. (Total income for Parent B only) \$ _____
4. Net business income* from self-employment, farm, rentals, and other businesses. (Attach Schedules C, E, and/or F from your IRS 1040) **See 2010 1040 lines 12, 17, and 18** \$ _____
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. **See 2010 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21** **See 2010 1040A lines 8a-14b** \$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. **See 2010 1040 line 36 or 1040A line 20** \$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ **See 2010 1040 line 37 or 1040A line 21** \$ _____
8. Total Tax Paid as reported on your IRS 1040, 1040A or 1040EZ. **See 2010 1040 line 60 or 1040A line 37** \$ _____
9. Medical/Dental expenses as reported on Schedule A line 1 of your IRS 1040 Form. \$ _____

G NON-TAXABLE INCOME

List the **total amount** received from 1/1/10-12/31/10 for all recipients in household.

DO NOT list monthly amounts.

10. Child support \$ _____ per year
11. Cash Assistance (TANF) \$ _____ per year*
12. Food Stamps \$ _____ per year*
13. Social Security income (Provide documentation for all recipients in household.) \$ _____ per year*
14. Student loans and/or grants received for PARENT's education. (Not college attending dependents or students listed in Section C.)
 - a. total received in **2010** \$ _____*
 - b. total used for household expenses \$ _____ per year*
15. Housing Assistance (Sec. 8, HUD, etc.) \$ _____ per year*
16. Other non-taxable income (Workers' Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section K) \$ _____ per year*
17. Loans/Gifts from friends or relatives \$ _____ per year
18. Personal Savings/Investment Accounts used for household expenses (Do not include totals listed in Section I) \$ _____ per year
19. **Total non-taxable income for 2010** \$ _____ **per year**

* You must provide 2010 YEAR-END documentation for items 11-16; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/10 - 12/13/10.

H HOUSING INFORMATION (DO NOT LEAVE BLANK)

20. Please approximate the amount you pay each month for the following bills, using \$ 0 to indicate no payment:

Rent \$ _____	Mortgage \$ _____
Heat \$ _____	Hot Water \$ _____
Electricity \$ _____	Cell+Home Phone \$ _____
Internet \$ _____	Cable \$ _____
Car Payment \$ _____	Car Insurance \$ _____
Health Insurance \$ _____	Renter's Insurance \$ _____
Life Insurance \$ _____	Groceries \$ _____

21. Amount of the above expenses paid by other source(s) \$ _____ per month

I ASSETS & INVESTMENTS (AS OF 12/31/10)

22. Total amount in cash, checking, and savings accounts \$ _____
23. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$ _____
24. Total value of IRA, Keogh, 401K, SEP or other retirement accounts \$ _____
25. If you own real estate other than your primary residence,
 - a. What is the fair market value? \$ _____
 - b. What is the amount still owed? \$ _____
26. Do you own a business? Yes No
 - a. What is the fair market value of your business? \$ _____
 - b. What is the amount still owed? \$ _____
27. Do you own a farm? Yes No
 - a. What is the fair market value of your farm? \$ _____
 - b. What is the amount still owed? \$ _____

J UNUSUAL CIRCUMSTANCES

Check all that apply to your situation within the past 12 months:

- | | |
|--|--|
| a. <input type="checkbox"/> Loss of job | i. <input type="checkbox"/> Death in the family |
| b. <input type="checkbox"/> Recent separation/divorce | j. <input type="checkbox"/> Shared custody |
| c. <input type="checkbox"/> Change in family living status | k. <input type="checkbox"/> High debt |
| d. <input type="checkbox"/> Change in work status | l. <input type="checkbox"/> Child support reduction |
| e. <input type="checkbox"/> Bankruptcy | m. <input type="checkbox"/> Medical/Dental expenses |
| f. <input type="checkbox"/> College expenses | n. <input type="checkbox"/> Shared tuition |
| g. <input type="checkbox"/> Income reduction | o. <input type="checkbox"/> Other (Explain in Section K) |
| h. <input type="checkbox"/> Illness or injury | |

Parent/Guardian A:

SS#

-

-

Print Name

K **EXPLANATIONS** (USE THIS SPACE TO EXPLAIN ANY ANSWERS WHICH MAY NEED CLARIFICATION)

Multiple horizontal lines for writing explanations.

L **CERTIFICATION, AUTHORIZATION AND DOCUMENTATION CHECKLIST**

WHAT IS NEEDED TO PROCESS THIS APPLICATION

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE)

- 1. This application form filled out in its entirety, SIGNED AND DATED BELOW by the Parent or Guardian listed in Sections A and B.
2. A check or money order made payable to PRIVATE SCHOOL AID SERVICE in the amount of \$XX.XX. This is a non-refundable application fee.
3.

IF YOU HAVE FILED A 2010 IRS FORM 1040:

A complete photocopy of your 2010 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). 2010 W-2 Forms, 2010 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

IF YOU DO NOT FILE AN IRS FORM 1040 AND RECEIVE ONLY NON-TAXABLE INCOME:

Photocopies of your 2010 YEAR-END Social Services statement (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing TOTAL AMOUNT received in 2010 for ALL members of the household.

SIGN HERE

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. I/we authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments only to the schools and agencies named in Section C under contract with PSAS.

Parent/Guardian A Date Parent/Guardian B Date

This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS. You will not receive results from PSAS. No other agency will see or receive any information about this application or its attachments.

Mail to: PRIVATE SCHOOL AID SERVICE, P.O. BOX 458025, WESTLAKE, OHIO 44145-8025

Questions? Call: (440) 892-4272
Copyright ©2011 Private School Aid Service

INTRODUCTION

PRIVATE SCHOOL AID SERVICE (PSAS) is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools.

Your Student Aid Form, all attachments, and an analysis of your SAF are sent **only** to the school(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.**

PRIVATE SCHOOL AID SERVICE does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. **YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.**

INSTRUCTIONS

A & B PARENT, GUARDIAN OR OTHER ADULT

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse.

CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.

C STUDENT INFORMATION

List all dependent children residing in your household in order of oldest to youngest. Indicate the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (2012-2013); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

If the "No" box is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, use a separate sheet.

NOTE: The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

D HOUSEHOLD INFORMATION

ITEM 1: Enter total number of individuals living in household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with parent listed in Section A.

ITEM 2: Check the appropriate box indicating custodial parents' marital status. If parents are divorced, separated or single, complete Section E.

E DIVORCED, SEPARATED OR SINGLE PARENTS

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

If the date of separation took place in the year 2010, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2010. Be sure to estimate the income in Section F for 2011.

ITEM 4: List the total amount of child support actually received by custodial parents listed in Sections A & B. If total received differs from court ordered amount, list only the total received.

ITEM 6: Indicate who is responsible for tuition and what percentage for the dependents listed in Section C.

F TAXABLE INCOME

List all actual amounts for **2010**.

ITEM 1: Enter the total number of exemptions you claimed on your **2010** IRS Form 1040, 1040A, or 1040EZ.

ITEM 2: Enter the total **2010** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2010** W-2 forms and/or **2010** 1099 forms from all employers.

ITEM 3: Enter the total **2010** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2010** W-2 forms and/or **2010** 1099 forms from all employers.

ITEM 4: Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). (See **2010** 1040 lines 12, 17 and 18, enter sum total.)

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section K), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2010.** (See **2010** 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21 or 1040A lines 8a-14b, enter sum total.)

ITEM 6: Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. **DO NOT** include your standard deduction or deduction amounts for each family member. (See **2010** 1040 line 36 or 1040A line 20.)

ITEM 7: Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. (See **2010** 1040 line 37 or 1040A line 21.)

ITEM 8: Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. (See **2010** 1040 line 60 or 1040A line 37.)

ITEM 9: Enter the total of any medical and dental expenses reported on Schedule A line 1 of your IRS Form 1040 (attach Schedule A).

G NON-TAXABLE INCOME

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2010** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

ITEM 10: Child support: Report total amount received for **2010** for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for **2010**.

ITEM 12: Food Stamps: Report total amount received for **2010**. Do not combine with TANF or Medicaid.

ITEM 13: Social Security benefits: Report the total non-taxable amount received in **2010** for all recipients in household.

ITEM 14: Student loans and/or grants: Report the total amount received in **2010** for **PARENT'S** education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2010**.

ITEM 15: Housing assistance: Report the total amount received for **2010**. Identify in Section K all sources of Housing assistance (government assistance, Parsonage, Section 8, HUD, family/friends or other sources), including monies received toward rental/ mortgage payments and/or utilities.

ITEM 16: Other non-taxable income: Report all additional non-taxable income received in **2010** including: Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.); food and other living allowances paid to members of the military, clergy or others; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); or any other untaxed benefit or income not subject to taxation by any government (Refugee Assistance, VA Educational Work-Study, etc.). Identify source(s) in Section K.

ITEM 17: Loans/Gifts received from friends or relatives: Report the total amount received in **2010**.

ITEM 18: Personal Savings/Investment Accounts: Report the total amount used in **2010** for household expenses.

ITEM 19: Total non-taxable income for 2010: Add together Items 10-18.

H HOUSING INFORMATION

ITEMS 20 and 21: Please list your monthly expenses including amounts paid by household and other sources.

I ASSETS AND INVESTMENTS

ITEM 22: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 23: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

ITEM 24: List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts.

ITEM 25: Answer Items 25a and 25b for any and all investment real estate (not including the family's primary residence), if applicable. Second homes, rental properties, and land contracts should be included.

ITEM 26: If you own a business, check the Yes box and answer Items 26a and 26b.

ITEM 27: If you own a farm, check the Yes box and answer Items 27a and 27b.

J UNUSUAL CIRCUMSTANCES

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying. Do not include a letter of explanation with this application.

K EXPLANATION

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

L PARENTS' CERTIFICATION, AUTHORIZATION, AND DOCUMENTATION CHECKLIST

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

REQUIRED DOCUMENTATION

If you have filed your 2010 IRS Form 1040:

You must submit photocopies of all pages of your **2010 Federal Tax Return Form 1040**, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2010 W-2 Forms**, **2010 1099/1099R**, or **1098 Forms** for any wage-earning adult residing with the applicant(s). *Do not include your State tax return unless requested.*

If you receive non-taxable income:

You must submit photocopies of your **2010 YEAR-END (01/01/10 - 12/31/10)** Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2010** for **ALL** members of the household. If you list any total for line 16, you must identify source(s) in Section K.