Return To:
Catholic Youth and School Services
1933 Spielbusch Ave.
Toledo, Ohio 43604
Phone: (419) 244-6711
Fax: (419) 255-8269

FAMILY LAST NAME: _____

Diocese of Toledo "One Faith...Many Blessings"
Educational Scholarship Application 2010-11

This form must be returned to Catholic Youth and School Services by Friday, May 14, 2010 to be considered for scholarship assistance

SECTION 1

Please Print

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 2010-11.
(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 2010-11
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 2

Total number of people in household: _____

INCOME SOURCE	FATHER	MOTHER	OTHER
Adjusted Gross Income reported on 2009 FEDRAL 1040*			
AFDC/ADC/SSI/food stamps/Sec. 8/ other public assistance (**must provide proof of this income**)			
Any other additional income (including child support and unemployment) (**must provide proof of this income**)			
TOTAL individual income			

All parents and guardians who claim children as dependents must report all 2009 income on this form and attach supporting documentation of that income.*

Total Household Income
(Sum of bottom row)

*__Please attach a copy of your signed 2009 Federal 1040 tax return with dependents listed. If a federal return has not been completed for 2009, provide proof of all income earned during 2009.__
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 2009.
(Parents and guardians using a notary must also provide official documentation of **all 2009 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: _____

All income docs attached_____