

FAMILY INCOME: *Money earned before deductions and taxes.*

DUE: April 15, 2021

Return to: FMS Fund

P.O. Box #64823

Rochester, New York 14624-7223

- | | | |
|----|---|----------|
| 1. | 2020 earned income for financially responsible female parent or guardian | \$ _____ |
| 2. | 2020 earned income for financially responsible male parent or guardian | _____ |
| 3. | <i>Other Household Income:</i> | |
| | Social Security | _____ |
| | Child Support | _____ |
| | Dividends and Interest | _____ |
| | Unemployment/Disability/Workers Comp Ins. | _____ |
| | Other | _____ |
| 4. | Current value of cash, savings account, checking account, stocks, bonds, etc. | _____ |
| 5. | Other financial aid and/or scholarships. | _____ |

In addition to your application form, please submit a copy of one of the following which substantiates the above information.

- A. A signed copy of your 2020 U.S. Federal Income Tax Forms including copies of W-2 and 1099 forms.

Please answer the following:

Number of dependents claimed _____ (must correspond with attached documentation).

I hereby submit this application and documentation as verification of my/our Family Income for 2020.

Parent/Guardian Signature of financially responsible person

Date

NOTE: Applications without documentation of income will not be considered for tuition subsidy funding. Please submit copies of any documents because they will not be returned to you.

Incomplete forms will be returned!

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FATHER MURPHY TUITION SUBSIDY
2021-2022 CATHOLIC HIGH SCHOOL APPLICATION

Please print, use pen, and answer all questions. This material is kept confidential.

<i>Student's Last Name</i>	<i>First Name</i>	<i>M/F</i>	<i>Date of Birth</i>	<i>Present School</i>	<i>School September 2021</i>	<i>Grade September 2021</i>
1.						
2.						
3.						
4.						
5.						
6.						

Financially responsible female parent/guardian:

M/M Dr. Mr. Mrs. Miss Ms. _____
(circle one) *Last Name* *First Name* *MI*

Mailing Address _____
Street *City/Town* *zip*

Social Security #: _____ Telephone: (H) _____ (W) _____

Employer: _____ Occupation: _____

Financially responsible male parent/guardian:

M/M Dr. Mr. Mrs. Miss Ms. _____
(circle one) *Last Name* *First Name* *MI*

Mailing Address _____
Street *City/Town* *State* *zip*

Social Security #: _____ Telephone: (H) _____ (W) _____

Employer: _____ Occupation: _____

Parents'/guardians' marital status:

single married both deceased separated divorced

Religious Affiliation: Catholic Other

I/We are registered members of _____ Parish/Church.