

## ST. PHILIP CATHOLIC SCHOOL

## **Household Members**

To comply with state requirements and to assist in the approval process for tuition assistance (Choice Scholarship or SGO), please list all members of your family that reside in the primary address listed on the application & tax form. Students away at college may be included.

	<u> </u>			<u> </u>		
		STU	DENT IN	ORMATION		
Student Name:				DOB:	(	Grade (2023-24):
Student Name:				DOB:	(	Grade (2023-24):
Student Name:	:			DOB:	(	Grade (2023-24):
Student Name:	i			DOB:	(	Grade (2023-24):
HOUSEHOLD INCOME COUNT						
	<b>Family Membe</b>	r Name				
	Adult	Child	Provides to the	e family income:	YES	NO
	Family Membe	r Name				
	Adult	Child	Provides to the	e family income:	YES	NO
	Family Membe	r Name				
	Adult	Child	Provides to the	e family income:	YES	NO
	Family Membe	r Name				
	Adult	Child	Provides to the	e family income:	YES	NO
	Family Membe	r Name				
	Adult	Child	Provides to the	e family income:	YES	NO
Family Member Name						
	Adult	Child	Provides to the	e family income:	YES	NO
For blended families, please be sure to provide tax forms for all members of the parental unit (i.e., biological parent and step parent) within this household.						
ACKNOWLEDGMENT						
I/We certify that all submitted information is accurate, correct and complete to the best of my/our knowledge. I/we						
understand that the information is required to determine eligibility and that the tuition assistance is awarded on behalf						

of the student. I/We will provide all requested documentation to verify household size & income (including child support)

Parent / Guardian Signature

Date