



Alive in Christ Scholarship Program Scholarship Application for 2015-2016 School Year

INCOME ELIGIBILITY - All figures represent **maximum** eligible income per household size.

GUIDELINES

	Household Income	Household Income	Household Income
Household Size:	100% of \$2000	75% of \$2000	50% of \$2000
2	Less than \$29,700	up to \$39,900	up to \$53,550
3	Less than \$33,000	up to \$44,625	up to \$59,850
4	Less than \$36,300	up to \$49,875	up to \$66,990
5	Less than \$39,600	up to \$55,650	up to \$74,130
6	Less than \$42,900	up to \$61,950	up to \$82,740
7	Less than \$46,200	up to \$69,300	up to \$91,665
8	Less than \$49,500	up to \$77,700	up to \$102,585
For each addt'l child	\$3,300	\$4,410	\$6,174

1. **Household size** includes you, your spouse (if married), all children under 18, and any elderly parents that live with you.
2. **Household income** is the income of you AND your spouse (if you are married) plus payments from public assistance, such as social security, child support, unemployment compensation (if applicable), AND income of working parents that live with you.
 - Alive in Christ **requires** a copy of your 2014 Federal Tax Return (2014 income) and reviews line 37 Adjusted Gross Income. If you have not yet filed a 2014 Federal Tax Return, copies of your 2013 Federal Tax Return or current W-2's will suffice.
 - Alive **requires** proof of public assistance, social security, child support, and unemployment compensation (if applicable).
3. Please review the chart above and find your household size. Follow your household size line to the right and review the income columns. If your total household income (based on the explanation in item 2) falls within the income range in one of these columns, your family may qualify for the scholarship program.

REQUIRED DOCUMENTS!

PROOF OF INCOME (2014 Federal 1040 or W-2 plus income from any other sources)

MUST BE SUBMITTED WITH YOUR COMPLETED APPLICATION!



Alive in Christ Scholarship Program
Scholarship Application for 2015-2016 School Year

Parent/Guardian Information

Parent/Guardian's

Name: _____
(First) (Middle Initial) (Last)

Address: _____ City: _____ MO Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Are you Catholic? (please circle) YES NO

If so, are you registered in a parish? (please circle) YES NO

Parish name (if applicable): _____

2014 Adjusted Gross Income &/Or Other Income: \$_____ Household Size: _____

Student Registration Information

List the names of the child(ren) you are applying for, the grade they will be entering in the 2015-16 school year, and the name of the school they are currently attending.

1. _____ Grade 2015-2016: _____ Current School: _____

2. _____ Grade 2015-2016: _____ Current School: _____

3. _____ Will start kindergarten this school year: _____

Name of the School that you would like your child(ren) to attend if different than above:

1. _____

Please provide information about other child(ren) in your family.

Name:
1. _____ Age: _____ Grade: 2015-2016: _____ School Attending: _____
(if applicable) (if applicable)

2. _____ Age: _____ Grade: 2015-2016: _____ School Attending: _____
(if applicable) (if applicable)

Please describe why receiving this scholarship for your child(ren) is important.

Please share any additional information regarding your family that you feel is important for the scholarship review committee to know.

Conditions of Ongoing Tuition Grant

- I promise to pay my child(ren)'s school account in a timely and responsible manner.
- I certify that all financial information provided to the school and TTEF to determine our eligibility is true and complete to the best of my knowledge. I agree to provide proof, if asked, that the information given to the school and TTEF is true and acknowledge that failure to do so will result in a loss of the tuition grant.
- I promise to ensure at least 90% daily attendance of my child(ren) or risk losing the scholarship.
- I promise to provide re-qualification information as required every spring to ensure this tuition grant continues for my child(ren) through his/her 8th grade year.
- I agree to allow my child's school to provide academic performance information for my child to TTEF with the assurance that the information remains confidential.

I certify by my signature below that the information I am providing to Today and Tomorrow is accurate and true to the best of my knowledge. My signature also confirms that I have read and understood the eligibility guidelines for the program. I understand that all of the above conditions must be met by the child/family to be eligible for the tuition grant. I agree to allow my child's picture to be taken and used for promotional and fundraising purposes. I agree to release Today and Tomorrow Educational Foundation from any liability in its efforts to provide this tuition grant.

Signature of Parent/Guardian: _____ Relationship: _____

Date: _____

Signature of Parent/Guardian: _____ Relationship: _____

Date: _____

Send completed application along with proof of income to:
Today and Tomorrow Educational Foundation, 20 Archbishop May Drive, St. Louis, MO 63119
Questions, please call 314-792-7735
Or fax 314-792-7629 Or email: laurageorge@archstl.org

Today and Tomorrow Educational Foundation (TTEF)
 Help For Today - Hope For Tomorrow
 Scholarship Application for 2015-2016 School Year

INCOME ELIGIBILITY - All figures represent **maximum** eligible incomes per household size.

**FEDERAL GOVERNMENT
 FREE and REDUCED LUNCH GUIDELINES**

Maximum Income Based on Total Annual 2014 Income			
House size	up to 75%	up to 50%	up to 25%
2	Up to \$15,730	\$15,731 - \$29,101	\$29,102 - \$42,471
3	Up to \$19,790	\$19,791 - \$36,612	\$36,613 - \$53,433
4	Up to \$23,850	\$23,851 - \$44,123	\$44,124 - \$64,395
5	Up to \$27,910	\$27,911 - \$51,634	\$51,635 - \$75,357
6	Up to \$31,970	\$31,971 - \$59,145	\$59,146 - \$86,319
7	Up to \$36,030	\$36,031 - \$66,656	\$66,657 - \$97,281
8	Up to \$40,090	\$40,091 - \$74,167	\$74,168 - \$108,243
	<i>For each additional child add \$4,060</i>	<i>For each additional child add \$7,511</i>	<i>For each additional child add \$10,962</i>

1. **Household size** includes you, your spouse (if married) all children under 18, and any elderly parents that live with you.
2. **Household income** is the income of you AND your spouse (if you are married) plus any payments from public assistance, social security, child support and unemployment compensation (if applicable) **AND** income of working parents that live with you.
 - TTEF **requires** a copy of your 2014 Federal Tax Return (2014 income) & reviews line 37 Adjusted Gross Income. If you have not yet filed a 2014 Federal Tax Return, copies of your current W-2's will suffice.
 - TTEF **requires** proof of public assistance, social security, child support, and unemployment compensation (if applicable).
3. Please review the chart above and find your household size. Follow your household size line to the right and review the income columns. If your total household income (based on the explanation in item 2) falls within the income range in one of these columns, your family may qualify for the scholarship program.
4. **Proof of residency** is a copy of an utility bill showing your name and street address, or a copy of your Missouri driver's license, or a Missouri Voter's Card

Today and Tomorrow Educational Foundation (TTEF)
Help For Today - Hope For Tomorrow
Scholarship Application for 2015-16 School Year

PROOF OF INCOME (2014 Federal 1040 or W-2 plus income from Social Services & Food Stamps)
MUST BE SUBMITTED WITH YOUR COMPLETED APPLICATION!

Parent/Guardian Information

Parent/Guardian

Name: _____
(First) (Middle Initial) (Last)

Address: _____ St. Louis, MO Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

2014 Adjusted Gross Income &/Or Other Income: \$ _____ Household Size: _____

Student Registration Information

If your child is currently attending a public school please complete this section.

List the names of the child(ren) you are applying for, the grade they will be entering in the 2015-16 school year, and the name of the public school attending during 2014-15.

Name:
1. _____ Grade 2015-2016: _____ Public school: _____
2. _____ Grade 2015-2016: _____ Public school: _____
3. _____ Will start kindergarten this school year _____

List the name(s) of the school that you would like your child(ren) to attend in order of priority:

1. _____
2. _____
3. _____

Please provide information about other child(ren) in your family:

Name:
1. _____ Age: _____ Grade: 2015-2016: _____ School Attending: _____
(if applicable) (if applicable)
2. _____ Age: _____ Grade: 2015-2016: _____ School Attending: _____
(if applicable) (if applicable)
3. _____ Age: _____ Grade: 2015-2016: _____ School Attending: _____
(if applicable) (if applicable)
4. _____ Age: _____ Grade: 2015-2016: _____ School Attending: _____
(if applicable) (if applicable)

Please describe why receiving this scholarship for your child(ren) is important.

Please share any additional information regarding your family that you feel is important for the scholarship review committee to know.

Conditions of Ongoing Tuition Grant

- I certify that the above student is a legal resident of the City of St. Louis.
- I promise to pay my child's school account in a timely and responsible manner. I understand that failure to stay current with tuition payments will result in a loss of this tuition grant.
- I certify that all financial information provided to the school and TTEF to determine our eligibility is true and complete to the best of my knowledge. I agree to provide proof, if asked, that the information given to the school is true and acknowledge that failure to do so will result in a loss of the tuition grant.
- I promise to ensure at least 90% daily attendance of my child(ren) or risk losing the scholarship.
- I promise to provide re-qualification information as required every spring to ensure this tuition grant continues for my child(ren) through his/her 8th grade year.
- I agree to allow my child's school to provide academic performance information for my child to TTEF with the assurance that the information remains confidential.
- I agree to allow my child's picture to be taken and used for promotional and fundraising purposes.

I certify by my signature below that the information I am providing to Today and Tomorrow is accurate and true to the best of my knowledge. My signature also confirms that I have read and understand the eligibility guidelines for the program. I understand that all of the above conditions must be met by child/family to be eligible for the tuition grant. I agree to release Today and Tomorrow Educational Foundation from any liability in its efforts to provide this tuition grant.

Signature of Parent/Guardian: _____ Relationship: _____ Date: _____

Signature of Parent/Guardian: _____ Relationship: _____ Date: _____

**Send completed application along with proof of income and city residency to:
Today and Tomorrow Educational Foundation, 20 Archbishop May Drive, St. Louis, MO 63119
Questions: 314-792-7622**