

# **BLESSED SACRAMENT PRESCHOOL & KINDERGARTEN**

## **AUBREY HISH SCHOLARSHIP APPLICATION 2019-2020**

### **APPLICATION DEADLINE: Postmarked by June 1, 2019**

If your child has enrolled and been accepted into Blessed Sacrament School *after* the deadline of June 1st 2019, please contact the school for further information regarding applying for a scholarship.

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#### **Eligibility Requirements**

Any student in grades Preschool through K who is **registered and enrolled** in Blessed Sacrament Preschool & Kindergarten for the 2019-2020 school year is eligible to apply for a scholarship. Scholarships are based on financial need and fund availability.

**Do NOT send more than one application per family** (e.g.: non-custodial parents, grandparents, etc.)

#### **Please Include the Following:**

- ( ) Complete the **ENTIRE** Aubrey Hish Scholarship Application.
- ( ) Please include a copy of your 2018 Federal tax returns.
- ( ) Keep a copy of the completed application for your records. It may be needed if there are questions or concerns about your application.
- ( ) Mail or drop off the application form to: Blessed Sacrament Preschool & Kindergarten  
11300 N. 64<sup>th</sup> Street  
Scottsdale, AZ 85254
- ( ) You will receive notification by email/phone call regarding a possible scholarship no later than July 1, 2019. If application was received on time. Otherwise about 2 weeks after application is received.

**Part I: Parent/Guardian Information** (Only list the parents/guardians who live with and are financially responsible for the dependents listed in Part II.)

PARENT: \_\_\_\_\_  
Last Name First Name Birth Year

Relationship (check one): ( ) Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Guardian

Employment Status (check one): ( ) FT ( ) PT ( ) Not Employed

PARENT: \_\_\_\_\_  
Last Name First Name Birth Year

Relationship (check one): ( ) Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Guardian

Employment Status (check one): ( ) FT ( ) PT ( ) Not Employed

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

**Part II: Dependents**

- The following information is for the 2019-2020 school year.
- Please list ALL dependents in order of age, starting with the oldest.
- If you have more dependents, please photocopy this page for additional dependents before completing.

	Last Name	First Name	Grade in Fall 2019	Name of School
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

**Part III: Method of Applying**

I understand that if my/our student(s) is awarded a scholarship, it will only be paid by the Aubrey Hish Scholarship to the school(s) where the student(s) is registered and enrolled. Should the student(s) transfer schools, any unused scholarship will be forfeited. I declare that the information on this form is, to the best of my knowledge, complete and accurate. I agree, if requested, to send additional information to support or verify statements on this form.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

**Part IV: Family Income**

**2018**

**2019(estimated)**

Wages, Tips, etc (Line 7 of 1040 or line 7 of 1040A)	\$ _____	\$ _____
Business Income from Self Employment	\$ _____	\$ _____
Interest and Dividends (Lines 8a and 9 Form 1040 or Form 1040A)	\$ _____	\$ _____
Monthly Worker's Compensation Received	\$ _____	\$ _____
Monthly Social Security and/or Pension Received (Lines 16b of Form 1040 or Lines 12a & 14a of Form 1040A)	\$ _____	\$ _____
Monthly Child Support Received	\$ _____	\$ _____
Monthly Alimony Received	\$ _____	\$ _____
Monthly Aid to Families with Dependent Children (AFDC) Received	\$ _____	\$ _____
Monthly Food Stamps Received	\$ _____	\$ _____
Other Monthly Non-Taxable Income Received	\$ _____	\$ _____

**Part V: Family Assets/Debt**

**2018**

**2019(estimated)**

Cash on Hand (Checking, Savings)	\$ _____	\$ _____
Stocks, Bonds, Investments (Do NOT include retirement accounts such as 401Ks or IRAS)	\$ _____	\$ _____
If You Own Your Home: Current Market Value	\$ _____	\$ _____
Mortgage Balance (Include any second mortgage or home equity loan balances)	\$ _____	\$ _____
Value of Any Other Property Please check ( )Cars ( )2nd Homes ( )Rental Property ( )Other	\$ _____	\$ _____
Amount Still Owed On These Properties	\$ _____	\$ _____
Credit Card Debt (Enter the total balance owed on ALL credit cards)	\$ _____	\$ _____
Monthly Credit Card Payments	\$ _____	\$ _____
Student Loans (Do not include any loans that are currently being deferred)	\$ _____	\$ _____
Other Debt (Please describe) _____	\$ _____	\$ _____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Part VI: Expenses** 2018 2019(estimated)

**MONTHLY EXPENSES:**

Monthly Mortgage or Rent Payment \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Monthly Gas and Electric \$ \_\_\_\_\_ \$ \_\_\_\_\_

**YEARLY EXPENSES:**

Homeowner's or Renter's Insurance \$ \_\_\_\_\_  
(If NOT Included in Mortgage Payment)  
Taxes Paid on Home \$ \_\_\_\_\_  
(If NOT Included in Mortgage Payment)  
2018 Family Contributions to Retirement \$ \_\_\_\_\_  
(SEP, IRA, 401k, etc)  
2018 Unreimbursed Medical/Dental Expenses \$ \_\_\_\_\_  
Estimated 2018 Day Care Expenses \$ \_\_\_\_\_  
(Do NOT Include Dependent Tuition)  
2018 Charitable Contributions \$ \_\_\_\_\_  
2018 Child Support Paid by You \$ \_\_\_\_\_  
2018 Alimony Paid by You \$ \_\_\_\_\_  
Other Expenses (please describe in Part VII below) \$ \_\_\_\_\_  
Total 2018 Federal Income Tax \$ \_\_\_\_\_  
(Line 62 on Form 1040 or line 38 on Form 1040A)  
Total 2018 State Income Tax \$ \_\_\_\_\_  
(Line 21 on Form AZ140 or Line 29 on Form AZ140A or  
Line 15 on Form AZ140EZ)

**Part VIII: Letter/ Special Circumstances**

Please explain any expenses and/or special circumstances that you believe would impact your eligibility for financial aid; please enclose a letter describing these circumstances. Please describe anything unique to your financial situation. Some examples may include: Divorce/Separation, Bankruptcy, Parent/Guardian is disabled, Family Illness/Injury, Financial Support to Grandparent/Relative living in the home.

**What you believe you can afford to pay towards tuition: \$ \_\_\_\_\_**

Thank you for taking the time to fill out this application. Once we have received your completed application with letter and a copy of your 2018 Federal tax returns we will then submit it for review. You will receive a phone call and/or email from us letting you know the results of the review. If you have any questions, please do not hesitate to contact the school office at (480) 998-9466. Thank you

