



## Roadmap to our Tuition Assistance application process

Welcome to St. Genevieve High School. We at **St Genevieve High School** are strongly committed to a program, that is designed to ensure that our educational offerings are made affordable to academically qualified students, who might otherwise not be able to attend. Tuition Assistance is more than just economic aid. It is an investment, made by the school, to support and strengthen our families we have at the St. Genevieve High School Community.

The information provided below outlines St. Genevieve High School's Tuition Assistance Program for the upcoming school year. All applications will be reviewed, in light of the applying family's current financial situation, balanced against the school's current fiscal health and budget.

- We process all tuition assistance applications in house.
- Please complete the application
- If you have any questions about the application, leave the area blank and we will address the matter together.
- Please provide us with copies of your full 2023 tax returns or any other form of income verification
- The financial aid processing fee of \$60 will be included in your Facts account.

Now is the time to apply for the Catholic Education Foundation Application. This application is for the 2025-2026 school year.

**Deadline for the CEF application is December 15<sup>th</sup>, 2024.**

1. Verify that you and your household meet CEF's income guidelines for financial eligibility (refer to FINANCIAL ELIGIBILITY form) Acceptable proof of income documents includes your 2023 Federal Income Tax Return (1040, 1040A or 1040EZ) or a NOTARIZED STATEMENT OF INCOME document.
2. Complete all three pages of the APPLICATION FOR TUITION ASSISTANCE PROGRAM (TAP)
3. Submit your completed application form and all proper proof of income documents to St. Genevieve High School by December 15<sup>th</sup>, 2024.

If you do not qualify for the CEF grant you are welcome to apply for St. Genevieve High School tuition assistance.

**We will contact you for a personal interview once we have your application.  
Feel free to contact me with any questions or concerns you may have.**

**Ms. Zara (818) 244-4055  
zara@sgps.org**



# Tuition Assistance Application for 2025-26

**School Office Use Only:**

New Student ( )

Returning Student ( )

\$60 Fee Paid: \_\_\_\_\_

|  |
|--|
| <b>Student Information:</b> Last Name _____ First _____<br>Grade _____ GPA: _____ Current School _____ |
|--|

**Household Information:****Parent/Guardian A** *(Parent or guardian responsible for student)*

|   |           |                |  |
|---|-----------|----------------|--|
| First Name:   |           | Last Name:     |  |
| Relationship with Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____                          |           |                |  |
| Currently Living with Student?      Yes <input type="checkbox"/> No <input type="checkbox"/>  |           |                |  |
| Mailing Address:  |           |                |  |
| Primary Phone Number:   |           | Email Address: |  |
| Employment Status:<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Homemaker<br><input type="checkbox"/> Unemployed Retired<br><input type="checkbox"/> Disabled<br><input type="checkbox"/> Full-time student | Employer: | Occupation:    |  |
| If self-employed, type and name of business:  |           |                |  |

**Parent/Guardian B** *(Parent or Guardian responsible for student)*

|   |           |                |  |
|---|-----------|----------------|--|
| First Name:   |           | Last Name:     |  |
| Relationship with Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____                          |           |                |  |
| Currently Living with Student?      Yes <input type="checkbox"/> No <input type="checkbox"/>  |           |                |  |
| Mailing Address:  |           |                |  |
| Phone Number:   |           | Email Address: |  |
| Employment Status:<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Homemaker<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Retired Disabled<br><input type="checkbox"/> Full-time student | Employer: | Occupation:    |  |
| If self-employed, type and name of business:  |           |                |  |

**Please List all your dependents:**

|                    |            |                             |  |
|--------------------|------------|-----------------------------|--|
| <b>Dependents:</b> |            |                             |  |
| Name: _____        | Age: _____ | Attending School Name _____ |  |
| Name: _____        | Age: _____ | Attending School Name _____ |  |
| Name: _____        | Age: _____ | Attending School Name _____ |  |
| Name: _____        | Age: _____ | Attending School Name _____ |  |
| Name: _____        | Age: _____ | Attending School Name _____ |  |

| LIST OF INCOME SOURCES  |   |   |
|---|---|---|
| ANNUAL SOURCES OF INCOME  | PARENT/GUARDIAN A   | PARENT/GUARDIAN B   |
| Income Tax Filing Status for Year<br><b>2023</b>  | <input type="checkbox"/> Single <input type="checkbox"/> Married Joint<br><input type="checkbox"/> Married Filled Separately<br><input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File | <input type="checkbox"/> Single <input type="checkbox"/> Married Joint<br><input type="checkbox"/> Married Filled Separately<br><input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File |
| Employment Income Form 1040 Line 1  | \$  | \$  |
| Business/Self-Employment Income   | \$  | \$  |
| Cash Income (even if unreported)  | \$  | \$  |
| Rental, S Corp, Partnership   | \$  | \$  |
| Pension   | \$  | \$  |
| Capital Gain  | \$  | \$  |
| SSI (SSI statement)   | \$  | \$  |
| Unemployment (EDD statement)  | \$  | \$  |
| Disability (Annual Report)  | \$  | \$  |
| Alimony (Letter w/amount of support)  | \$  | \$  |
| Child Support (Letter w/amount of support)  | \$  | \$  |
| CALFRESH: Benefit Amount Statement  | \$  | \$  |
| CALWORKS: WELFARE/TANF (Benefit amount Statement)   | \$  | \$  |
| Public Housing Assistance/SECTION 8 (Section 8 Allotment Amount)  | \$  | \$  |
| OTHER INCOME (Explain)  | \$  | \$  |
| <b>TOTAL INCOME</b>   | \$  | \$  |
| <b>Additional Information:</b><br><b>Residence:</b> <ul style="list-style-type: none"> <li>○ Own / Rent Payment: \$ _____</li> <li>○ Live With Relatives/Friends: _____ How much is your portion of the payment? _____</li> <li>○ Section 8 Housing/Federal Housing _____ How much is your portion of the payment? _____</li> </ul> |   |   |
| <b>Assets</b> (as of the date of this application):<br>Cash, savings and checking accounts: \$ _____ Stocks, bonds: \$ _____<br>Retirement accounts: \$ _____ Home equity (if you own your home): \$ _____  |   |   |
| <b>Debt</b> (as of the date of this application):<br>Credit Card Debt: \$ _____ Other Debt(s): \$ _____<br>Home Loan: \$ _____ Home Equity Loan: \$ _____   |   |   |

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| <b>MONTHLY EXPENSE REPORT</b>     |                        |
|-----------------------------------|------------------------|
| <b>TYPE OF EXPENSE</b>            | <b>MONTHLY PAYMENT</b> |
| <b>HOUSING</b>                    |                        |
| Mortgage/Rent (YOUR PORTION)      | \$                     |
| Repairs/Maintenance Fees/HOA Fess | \$                     |
| <b>UTILITIES</b>                  |                        |
| Water and Power                   | \$                     |
| Gas                               | \$                     |
| Phone/Cell Phone                  | \$                     |
| Cable/Internet                    | \$                     |
|                                   | \$                     |
| <b>Food Expenses</b>              | \$                     |
| <b>TRANSPORTATION</b>             |                        |
| Car Payment(s)                    | \$                     |
| Gas                               | \$                     |
| Car Insurance                     | \$                     |
| <b>PERSONAL</b>                   |                        |
| Health Insurance                  | \$                     |
| Life Insurance                    | \$                     |
| Credit Card Payments              | \$                     |
| Misc. Payments                    | \$                     |
| <b>Educational Expenses</b>       |                        |
| Current school tuition            | \$                     |
|                                   | \$                     |
|                                   | \$                     |
|                                   | \$                     |
|                                   | \$                     |
|                                   | \$                     |
|                                   | \$                     |
|                                   | \$                     |
|                                   | \$                     |
| <b>TOTAL MONTHLY EXPENSES</b>     | <b>\$</b>              |

**Please use the space below to write a brief comment to help us understand your financial need/or special circumstances.**

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**Please let us know how much aid will you need?**

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## St. Genevieve High School Financial Aid Terms and Conditions

St. Genevieve High School Financial Aid Program is designed to assist students with tuition for enrollment. All information submitted in this application is confidential and provided for the purposes of determining eligibility for an aid from Saint Genevieve High School. By signing this application, you verify that you understand and agree that all information provided on this form is true, accurate and complete to the best of your knowledge. You further agree that you have provided requested forms for proof of income. St. Genevieve High School is under no obligation to review or accept any application that is incomplete, ineligible, unsigned, has not provided adequate proof of income, has discrepancies or lack of information that makes it not possible to render a funding decision.

### POLICY FOR PROOF OF INCOME

- Proof Of Income
  - Copies of **2023** Tax Returns
    - Page 1 and 2 TAX RETURNS (**1040, 1040A, 1040EZ**)
    - Copies of all supporting tax schedules if you have income from any of following sources:
      - **Business** (Form 1040, – Submit Schedule C or C-EZ: other expenses)
      - **Rental Property, Partnership, Trust** (Form 1040)
      - **S Corporation** (Form 1040)
- If laid off or unemployed, please supply.
  - Employer's letter/notification of lay off and a copy of unemployment benefits.
- Cash Income – Statement of income from employer or Notarized statement of proof of income
- **Non-Taxable Income** - Copies of all supporting documentation
  - Social Security Income, CALWORKS: Welfare/TANF, Child Support, Cal fresh: Food Stamps, Worker Compensation, Disability, Alimony, Section 8: Public Housing

**In order to receive Financial Assistance from St. Genevieve High School, parent(s) must agree to participate in school wide fundraisers:**

- **All recipients** must sell raffle tickets totaling \$300 and participate in Casino Night fundraiser \$60. Note: the cost of these tickets will be added to your FACTS tuition account. The total fundraiser amount will be \$360.00.
- **If granted more than \$2,000** you will be asked to participate in additional fundraising activities, including:
- SCRIP- Each family must sell a total amount of \$1500.00 for the year.

### Service hours:

- Parents agree to complete required service hours or pay \$15 for each hour not served.
- **Total hours will be determined according to the amount granted.**

**Terms and Conditions:** Please take a moment to review the application instructions and requested documents one final time.

- **This application and the amount granted by St Genevieve High School to your family should NOT be discussed with any other parent.**
- If confidentiality is breached, we reserve the right to rescind your tuition assistance.
- Registration fee must be paid.
- Your FACTS account has to be set up to insure the finalization of your application.
- Any student cleared from CEF waitlist who has received \$2,000 or more from SGHS financial aid program will not receive additional funding once CEF waitlist is cleared.
- **Student must attend all school wide major events: Night schools, Special events, Open House, Masses or risk losing their aid**
- **Student must comply with the terms of their application.**
- **Student must consistently uphold and live the six pillars of character.**
- **Student must maintain a minimum GPA of 2.0**
- **Student understands that if he/she is placed on academic or behavioral probation will risk losing some or all of the financial aid.**
- **We ask all parents to attend Night Schools. You will earn service hours while attending Night School events.**
- Once your application is processed and finalized you will receive an email or mail from FACTS Management Company indicating the adjustments made to your account

SAINT GENEVIEVE HIGH SCHOOL HAS LIMITED BUDGET FOR FINANCIAL AID. WE RESERVE THE RIGHT TO DENY YOUR REQUEST DUE TO BUDGET CONSTRAINTS.

Your signature below indicates that you have read and understood the terms of this program.

The information provided on this application is true, accurate and complete.

**We thank you for investing in your child's future!**

Signature of Parent/Guardian A: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian B: \_\_\_\_\_ Date: \_\_\_\_\_

# President-Principal Questionnaire

**Stewardship:** the careful and responsible management of something entrusted to one's care.

Dear Parents/Guardians,

My role as president of our schools requires me to raise funding for everything from building new structures, remodeling classrooms to providing dollars for financial assistance for our families. It is important to me our students are aware that many people have contributed generously to our financial aid resource pool.

It is especially important to me our students are not only aware of the generosity of others, but are willing to consider how they, too, can become good, giving and generous citizens, both now and in the future.

## **To whom much is given, much will be required. Luke 12:48**

Therefore, as part of our financial aid application, I ask that you reflect and pray on the following questions before responding, I will even encourage you to have a conversation with your child(ren) about how they can be good stewards of financial aid received as well as good stewards of our campus. As you will see, there are two questions below I would like to read answers directly from your child(ren)

It is also my hope you will talk to your child(ren) about the possibility of “paying it forward.” St. Genevieve graduates are proud that their school is still thriving, especially at a time when many Catholic schools are failing or have closed. With so many costs increasing, many families simply could not afford a St. Genevieve education if it were not for the generosity of so many benefactors.

### **To be answered by Parent on a separate sheet of paper:**

1. How will you, as a parent/guardian, make your child aware that they will possibly be fortunate enough to benefit from the generosity of others through financial aid?
2. How will you, as a parent/guardian, encourage your child to be a good steward of our beautiful campus?
3. How will you, as a parent/guardian, encourage your child, when they are earning their own living, to “pay it forward?”

### **To be answered by students on a separate sheet of paper:**

4. How will you, as a student, be a good steward of our beautiful campus? Please list ways that are specific and measurable.
5. How will you, as a student, when you are earning your own living, “pay it forward?”