

# Archdiocese of Omaha Applicant Financial Summary

Form must be verified and signed by high school administration.  
Family's signature required. **Return form to the school before: Thursday, March 29, 2018**

High School Name Scotus Central Catholic School

Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian's

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## Eligible Student(s)

Name: \_\_\_\_\_ Grade in 2018-2019: \_\_\_\_\_ race \_\_\_\_\_

Name: \_\_\_\_\_ Grade in 2018-2019: \_\_\_\_\_ race \_\_\_\_\_

Name: \_\_\_\_\_ Grade in 2018-2019: \_\_\_\_\_ race \_\_\_\_\_

Student attending another archdiocesan high school: Name \_\_\_\_\_ High School \_\_\_\_\_

## 2017 INCOME VERIFICATION

Number in Household: Adults \_\_\_\_\_ Children (under the age of 19) \_\_\_\_\_  
(Total must match exemptions indicated on 2017 IRS tax form. If not, an explanation must be attached.)

### TAXABLE INCOME

Adjusted Gross Income (from 2017 filed IRS tax form) \$ \_\_\_\_\_

Wages, W-2 (income tax was not filed) \$ \_\_\_\_\_

### NON-TAXABLE INCOME

Tax-Exempt Interest \$ \_\_\_\_\_

Social Security Benefits (include benefits received for dependents) \$ \_\_\_\_\_

Child Support Received \$ \_\_\_\_\_

Temporary Assistance for Needy Families \$ \_\_\_\_\_

Welfare / AFDC / ADC \$ \_\_\_\_\_

SNAP (Food Stamps) \$ \_\_\_\_\_

Tuition Support from Family/Friends \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_

Other Non-Taxable Income \$ \_\_\_\_\_

**TOTAL FAMILY INCOME \$ \_\_\_\_\_**

I authorize the Archdiocese to utilize the information set forth above and release the Archdiocese from any liability stemming from its efforts to obtain assistance funding.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature

<i>Office Use Only</i> Date Received:
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