



Request for Skaggs Tuition Assistance Program 2022-2023 school year

Requests for tuition assistance from the Skaggs Tuition Assistance Program for the 2022-23 school year will be accepted **from February 1, 2022 through April 30, 2022**. Tuition Assistance will be allocated on a “first come, first served basis.”

If you **are eligible to apply for funding** through the Skaggs Tuition Assistance Program,

1. You must **submit an application to FACTS Management** for assessment of financial need, **online.factsmgt.com**.
 2. You must complete a **Request for Tuition Assistance** for each school where your child/children are registered and
 3. An Agreement form for each school where your child/children are registered.
2. For FACTS assessment, you must submit copies of 2021 1040 tax information and 2021 W2 form for each working parent. File Tax returns as soon as possible to meet proof of eligibility.

Financial Information required for Completed assessment of need by FACTS Management

Married couples filing jointly	2021 1040 tax return and 2021 W2 for each working parent/guardian
Married couples filing separately	2021 1040 tax return and 2021 W2 for each working parent/guardian
Single parent/guardian	2021 1040 tax return and 2021 W2 for the parent/guardian

Requests for funding received after April 30, 2022 may not be funded.

PLEASE NOTE: No Requests for funding will be processed without a completed FACTS Management assessment based on 2021 tax information.

The Skaggs Tuition Assistance Program will not accept hard copies of W2's and 1040's attached to the application.

School Office Use Only

Date applied to FACTS _____ Date complete _____

2021 W2 ___ Father ___ Mother ___

2021 1040: filed jointly ___ by: Father ___ Mother ___

SKAGGS TUITION ASSISTANCE PROGRAM

Diocese of Salt Lake City

INITIAL REQUEST FOR TUITION ASSISTANCE

for 2022-2023 School Year

School _____ Date Submitted _____

Parent/Guardian:

Applicant _____ Co-Applicant _____

Relationship to student _____ Relationship to student _____

Employed: Yes ___ No ___ Employed: Yes: ___ No ___

Contact Phone: _____ email address: _____

Religion _____ Name of Parish _____

Mr. & Mrs. ___ Mr. ___ Mrs. ___ Miss ___ Married ___ Divorced ___ Separated ___ Single ___ Widow(er) ___

Family address: _____ City _____ Zip code _____

Co-applicant living at a different address: yes ___ no ___

Street _____ City _____ Zip _____

Ethnicity: African from Africa ___ Asian ___ Black ___ Caucasian ___ Hispanic/Latino ___ Native American ___
Pacific Islander ___ Mixed ___

LIST ALL CHILDREN applying to this school

Name _____ Male ___ Female ___ Grade _____ Birthdate _____

Name _____ Male ___ Female ___ Grade _____ Birthdate _____

Name _____ Male ___ Female ___ Grade _____ Birthdate _____

Name _____ Male ___ Female ___ Grade _____ Birthdate _____

Name _____ Male ___ Female ___ Grade _____ Birthdate _____

LIST ALL DEPENDENTS (Other dependents claimed on taxes)

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Please note: Applications will not be processed without a complete FACTS report which includes **2021 W2** and **2021 1040** information for all wage earners in the family.

Catholic Diocese of Salt Lake City
Skaggs Tuition Assistance Program
27 C Street
Salt lake City, Utah 84103
2022-2023

AGREEMENT

Family Name: _____

School: _____

Student Contract

While it is a pleasure and honor for us to be able to offer the services of the Skaggs Tuition Assistance Program, it is also an honor to be accepted into and be a part of this program. Therefore, there are some standards to which you must agree and which you must maintain, in order to continue to receive its benefits.

As a student attending a Catholic School, I agree to the following:

- To **finish and hand in assignments**
- To **abide by school policies, rules, and regulations**
- To **maintain acceptable classroom behavior**
- To **avoid tardies**
- To **attend school and all classes daily** unless ill or excused
- To **maintain a C or above average**
- To **receive no F grade in a subject**

Student Signature _____ Date _____

Student Signature _____ Date _____

Student Signature _____ Date _____

Student Signature _____ Date _____

(Signatures of students from grade four through grade 12 are required.)

Permission to review report cards

As part of the Skaggs Tuition Assistance Program, I give permission for Sr. Genevra Rolf to review my child/children's report cards. I understand that if my child is getting poor grades due to unacceptable conduct or lack of effort as defined in the student contract, he/she may be subject to discontinued financial support.

Parent/Guardian Signature: _____ **Date:** _____

(Signature gives permission to review report cards and acknowledges the terms of the student contract.)

Parent: Return completed agreement form to the school your child will be attending. If your children attend more than one school, an agreement form should be sent to each school.

Principals: Send the completed Agreement form with the application form to sr.genevra@dioslc.org