

Lial Scholarship Fund

Mission Statement: The Scholarship Fund shall provide financial support for qualifying students to meet the school tuition during a scholastic year.

Administration: A Scholarship Fund Review Board shall be appointed by the President of Lial Catholic School and shall evaluate requests for tuition assistance. The Review Board shall have at least three voting members, none of whom shall be current parents or their relatives. The president of Lial School will be an advisory, non-voting member of the Review Board. The decision of the Review Board on any request shall be final for the year of submission. Request may be submitted in a new school year without prejudice for any previous non-acceptance.

Procedure: Any parent or guardian of a student who needs tuition assistance must complete a financial disclosure statement (provided by the principal) and return it to the principal by the designated deadline. A form must be submitted for each year that assistance is desired. If requested by the Review Board, the parent or guardian shall provide any additional information or documents to fully evaluate the request. The decision of the Review Board shall be provided in approximately six weeks. Allocations by the Review Board, if any, shall be based on the available resources and the needs demonstrated by the filed scholarship fund requests.

Registration must be complete before any scholarships will be awarded. If attendance is dependent on receiving a scholarship, Lial will return the "non-refundable" registration fee if the family makes this known in writing at the time of registration.

Source of Funds: The Lial Scholarship Fund shall be funded by gifts and donations of supporters of Lial School. Other scholarships are available from Northwest Ohio Scholarship Fund and the State of Ohio.

Guidelines: The Review Board shall determine the distribution of Lial funds available for tuition assistance to qualified applicants. In no case shall a recipient receive more than half of one year's tuition as assistance from Lial. Services for the school may be required of those receiving scholarships.

Other Available Scholarships

1. Northwest Ohio Scholarship is found at www.nosf.org. Submit copy of this application with the Lial application.
2. Ed Choice Scholarships are available for new incoming students for 2024-2025
Go to <http://education.ohio.gov/edchoice>
(Both of these scholarships can be found on the Lial website under Future Families/Scholarships)

Lial Scholarship Fund Application Procedure:

- 1 Complete registration for Lial and inform school of your intent to apply for scholarship.
- 2 Complete the Lial Scholarship Fund Application following the instructions.
- 3 Return the form to school along with the required copy of your latest federal income tax return **no later than March 1st, 2024.**
- 4 The Scholarship Fund Review Board will meet to assess your application making determinations of any possible Lial Scholarship Awards.
- 5 After the Scholarship Fund Review Board has made its decisions, a letter of determination will be sent to each parent who applied.
- 6 It is estimated that the entire process will take four to six weeks. This will depend largely on the number of applications received.

Report any grants or scholarships received at any other school:

School: _____ Amount: \$ _____ Year: _____

School: _____ Amount: \$ _____ Year: _____

School: _____ Amount: \$ _____ Year: _____

Report any additional children not yet attending school:

Name: _____ Age: _____

Name: _____ Age: _____

MONTHLY INCOME STATEMENT

Record the requested information in average monthly figures:

<u>Items</u>	<u>Amounts</u>
Taxable wages for the past year (Jan. to Jan.) per month, Father=	_____ /month
Taxable wages for the past year (Jan. to Jan.) per month, Mother=	_____ /month
Interest earned on savings, checking, investments, trusts, etc.=	_____ /month
Social Security benefits=	_____ /month
Unemployment compensation payments=	_____ /month
Workers compensation benefits=	_____ /month
Welfare benefits=	_____ /month
Disability Insurance benefits=	_____ /month
Food stamps=	_____ /month
Pensions=	_____ /month
Alimony=	_____ /month
Rental property=	_____ /month
Loans owed to you=	_____ /month
Additional income (specify): _____ =	_____ /month
_____ =	_____ /month

MONTHLY EXPENSE STATEMENT

Record the requested information in average monthly figures:

<u>Items</u>	<u>Amounts</u>	
Deductions from pay:	FIT=	_____ /month
	SIT=	_____ /month
	CIT=	_____ /month
	Other=	_____ /month
Mortgage(s) payment-	Loan=	_____ /month
	Escrow =	_____ /month
House/apartment, rental payments=		_____ /month
Utilities=		_____ /month
Medical bills/health care insurance=		_____ /month
Loan payment (credit cards, auto, personal, etc.)=		_____ /month
Back tax payments=		_____ /month
Life/property insurance payments=		_____ /month
Investment payments (pension funds, IRA's, etc.)=		_____ /month
Child support payments=		_____ /month
Contributions to parish collections=		_____ /month
Tuition to be paid for coming school year (child and parent)=		_____ /month
Additional living expenses (clothing, food, etc.):		_____ /month
Please itemize: _____ =		_____ /month
_____ =		_____ /month

(This space for school use only)

NARRATIVE

Please provide a brief narrative explaining your current need, amount of scholarship needed, why you feel the Scholarship Fund is necessary at this time, and for how long you expect this need to continue. Include any service or volunteer work you have contributed to Lial Catholic School. The intent of this section is to give you the opportunity to convey any message the Review Board might not gather from mere factual information.

PARENTS' AUTHORIZATION

We declare that the information supplied on these forms to the best of our knowledge is true, correct, and complete. We agree to supply in addition to these forms a copy of our latest federal income tax return.

(Forms not accompanied by these tax returns will not be processed for tuition assistance.)

Signatures:

Financially responsible parent/guardian: _____

Dated: _____

Other parent/guardian: _____

Dated: _____

ALL INFORMATION SUPPLIED WILL BE HELD STRICTLY CONFIDENTIAL.

