

# Lurline Yochum Charitable Trust

2015-2016 School Year Scholarship Application

## Who Can Apply for Lurline Yochum Charitable Trust Financial Aid?

In order to apply for Lurline Yochum Charitable Trust financial assistance, a student:

- Must be entering kindergarten through 8<sup>th</sup> grade in 2015-2016.
- Must apply for financial aid from Catholic Education Foundation by completing the PSAS application and attaching a copy of the PSAS application and all supporting documentation to this application by

**March 16, 2015.**

## To Complete this Application You will Need to Include:

- A copy of your PSAS application.
- Detailed copies of all pages and Schedules of your **2014** Federal Income Tax Return Form 1040, 1040A or 1040EZ (**as filed with the IRS**) for individuals listed below in section A and B.
- Copies of all **2014** W-2 Wage and Tax Statement Forms, all **2014** 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed below in section A and B.
- Documentation of TOTAL AMOUNTS received in **2014** for all Non-Taxable Income.
- Return, no later than **March 16, 2015** to: Business Manager, St. Leonard School, 440 Zorn Avenue, Louisville, KY 40206.

**~ IMPORTANT: Print clearly and neatly with a ball point pen ~**

### A. Parent, Guardian or Other Adult *responsible for tuition*

Check one:  Father  Mother  Stepfather  Stepmother  Other Adult

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Social Security Number Age (\_\_\_\_\_) Home Phone Number  
(Area Code)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Work Phone Number E-mail Address

**B. Parent, Guardian or Other Adult residing with parent A**

Check one:  Father  Mother  Stepfather  Stepmother  Other Adult

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Social Security Number Age (\_\_\_\_\_) Home Phone Number  
(Area Code)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Work Phone Number E-mail Address

**C. Dependents (do not leave blank)**

Number of dependents who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2015. Please list all dependent children in order of oldest to youngest, including college students. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc.

	Child 1	Child 2	Child 3	Child 4
Last Name				
First Name				
Middle Initial				
Date of Birth				
Social Security Number				
Grade in Fall of 2015				
Applying for Aid?	Y or N	Y or N	Y or N	Y or N
Name of School Student Plans on Attending in 2015-2016				
City/State				
Amount I/we can pay toward tuition				
Tuition charged per student				
Relation to Parent/Guardian A				

## AUTHORIZATION TO OBTAIN INFORMATION

My child/children has/have applied into St. Leonard School for the 2015-2016 academic year. I wish for him/her/them to be considered for admittance into the scholarship program, sponsored by the Lurline Yochum Foundation. Because all assistance from the Foundation is based upon financial need, in order to permit the Foundation an opportunity to determine my child's/children's eligibility, I hereby provide the Foundation authorization to review and have full access to the Archdiocese of Louisville, Financial Aid Application Form that I have previously completed and provided St. Leonard School.

Furthermore, I hereby authorize any teacher, counselor, and Principal from any school my child/children has/have ever attended to discuss any and all aspects of my academic, social and disciplinary progress with representatives of The Lurline Yochum Foundation.

This authorization includes, but is not limited to, allowing the Yochum Foundation access to the following information:

Progress reports, report cards, results of all standardized tests, disciplinary reports and actions, the Archdiocese of Louisville Financial Aid Application Form and any other information germane to the scholarship recipient's success at St. Leonard School.

Name of Student(s): \_\_\_\_\_

Signature of parent(s) or guardian: \_\_\_\_\_

Date \_\_\_\_\_

## AUTHORIZATION

I hereby give permission to the school principal/counselor to release information necessary to support my child's/children's application to the Lurline Yochum Foundation Scholarship program. If my child/children is/are selected as a recipient and attends St. Leonard School, my signature shall serve as authorization for the Yochum Foundation to receive copies of my child's/children's progress reports, report cards, standardized test scores and to discuss her progress at school with any and all officials at St. Leonard School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_