

COVID-19 EMERGENCY TUITION ASSISTANCE INFORMATION

DIOCESE OF CHARLOTTE CATHOLIC SCHOOLS
COVID-19 Emergency Tuition Assistance Application for 2020-2021 School Year
BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL

The Diocese of Charlotte Catholic Schools Office has established an emergency tuition assistance program for the COVID-19 crisis. For the 2020-2021 school year, families financially impacted by the coronavirus situation are eligible to apply for additional, temporary tuition assistance. In order to apply for the emergency tuition assistance program, please read the following regulations and submit your initial application to rcarr@bmhs.us no later than July 28, 2020.

COVID-19 Emergency Tuition Assistance Regulations

- If you are new to our school, or are a returning family and received financial aid from the school in 2019-20, please apply for our “regular” financial aid assistance prior to applying for a COVID-19 tuition assistance award.
- Families applying for emergency tuition assistance (ETA) funds must provide documentation of their current financial situation impacted by the COVID-19 pandemic.
- The ETA Funds are temporary but renewable based on documentation of continued need.
- The ETA Funds will be awarded and applied on a quarterly basis. If continued assistance is needed, awards must be renewed each quarter.
- In order to renew your application at each quarter, a family must correspond with the school principal via email by the following deadlines.
- Initial Application Deadline: July 28, 2020
 - Renewal Deadlines
 - September 1, 2020
 - December 1, 2020
 - March 2, 2020

I. STUDENT INFORMATION

Student Name: _____

Student School: _____ Student Grade for 20-21: _____

Student Name: _____

Student School: _____ Student Grade for 20-21: _____

Student Name: _____

Student School: _____ Student Grade for 20-21: _____

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II. PARENT INFORMATION

Parent Name: _____

Place of Employment (or Former): _____

Reason for Loss of/Reduction in Employment: _____

Considering any replacement income (i.e., Unemployment compensation), indicate the loss of take home income as a percentage of pre-COVID-19 take home income: _____

Spouse Name: _____

Place of Employment (or Former): _____

Reason for Loss of/Reduction in Employment: _____

Considering any replacement income (i.e., Unemployment compensation), indicate the loss of take home income as a percentage of pre-COVID-19 take home income: _____

III. FINANCIAL CIRCUMSTANCE

- Total Amount (for all children) of COVID-19 Financial Aid Requested **Per Month**: _____
 - Have you applied for our “regular” financial aid assistance? _____
 - Amount of “regular” financial aid awarded for entire family for the entire year: _____
 - Amount of other financial assistance awarded (for entire family for entire year): _____
 - Personal Statement of Financial Circumstance: _____
- _____
- _____
- _____

- Approximately how long do you think your family will need the ETA Funds? _____

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- Please attach any additional documents (if available) to verify your current situation such as letters from employers.

IV. AUTHORIZATION & CONSENT

Please review your responses and sign your name below. By signing and submitting this application, you are certifying that all information provided on this form is accurate and true.

Please Print Name: _____

Signature of Parent or Guardian: _____ Date: _____