

# Tom Walsh Scholarship Application

**Notre Dame High School  
2019-2020 Academic Year**

*Send completed application to:*

*Notre Dame High School  
Scholarship Application  
2220 Sunrise Avenue  
Portsmouth, Ohio 45662*

*Deadline Date: April 30, 2019*

*Family Last Name:* \_\_\_\_\_

*Street Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

Tom Walsh - Financial Aid Application  
 Notre Dame Junior and Senior High

**Part 1 Student Information**

1. Give the following information about the student applying for the tuition assistance:

Student Name \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Family Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Part 2 Family Information**

1. Number of children in family: \_\_\_\_\_

2. Number of children attending NDHS: \_\_\_\_\_

3. Number of children attending NDE: \_\_\_\_\_

4. Number of children attending college: \_\_\_\_\_

5. Check one of the following:

two parent family  parents are divorced

parents are separated  one parent deceased

**Part 3 Income Information**

Total family monthly net income \$ \_\_\_\_\_

**Part 4 Expense Information**

Monthly payment on mortgage/rent \$ \_\_\_\_\_

Monthly utilities \$ \_\_\_\_\_

Monthly automobile payments \$ \_\_\_\_\_

Monthly credit card expenses \$ \_\_\_\_\_

Monthly child support paid \$ \_\_\_\_\_

Medical/Dental expenses not covered by insurance \$ \_\_\_\_\_

Monthly cost of food (grocery) \$ \_\_\_\_\_

**Part 5**

**Student Information**

1. In what parish are you registered? \_\_\_\_\_
2. Have you sought tuition assistance from your parish?     Yes     No  
If Yes, what amount have you requested? \_\_\_\_\_
3. Are there any children in the household with any disabilities which place an added burden on family finances?     Yes     No
4. Is the parent who is the primary wage earner currently unemployed or has he/she been unemployed within the last 18 months?     Yes     No
5. If unemployed, is the primary wage earner job-seasonal?     Yes     No
6. Under the new tuition, what is the total amount of tuition you would be paying to NDHS: \_\_\_\_\_  
to NDE: \_\_\_\_\_
7. Did you apply for diocesan tuition for 2019-2020?     Yes     No  
If so, what amount will be received by NDHS: \_\_\_\_\_
8. Amount of tuition relief you request for 2019-2020: \_\_\_\_\_

**Part 6**

**Briefly explain any unusual circumstances:**

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

This request is:     Approved     Not Approved

The total amount of Financial Aid awarded \$ \_\_\_\_\_