



Tuition Assistance Application

1040 East Main Street
Zanesville, Ohio 43701
740-452-7504

BRHS Financial Assistance Overview

Bishop Rosecrans High School will make every reasonable effort to offer tuition assistance to students whose family income and academic progress warrant such support. **Qualification(s): a student receiving tuition assistance must not fail more than two classes per quarter and strive to be an image of Christ in Mind, Heart, Body and Soul.** Since the family is expressing financial hardship, the committee recommends the family refrain from exceptional expenditures that would call into question the need for financial assistance. All applicants MUST complete the Diocese of Columbus FACTS Tuition Aid online application and ensure that it is submitted and verified by the deadline March 15th. **The Catholic Schools of Zanesville Board of Trustees also requires that families requesting tuition assistance also participate in our tuition credit gift card program (SCRIP).**

Our process for awarding aid includes reviewing the financial information provided by the Diocese of Columbus FACTS Tuition Aid verified online application, the BRHS Tuition Assistance Application, and additional supporting documents if required. Families will not be considered for financial assistance until the tuition assistance applications and supporting documentation is completed and submitted.

Financial Assistance Checklist.

Please make sure that you complete all of the requirements listed.

___1. Diocese of Columbus Facts Tuition Aid online application by March 15 (submitted and verified electronically)

___2. Bishop Rosecrans High School Confidential Tuition Assistance Application by March 31st

___3. [Register](#) for gift card tuition (SCRIP) program. Enrollment form included

___4. **If you are requesting parish subsidy support from participating parishes a parish subsidy form must be completed, signed and returned to the school mail office by the deadline in order to receive pastor approval of subsidy.**

___5. **Items #2-4 must be completed and returned to the high school office.**

The athletic fee is \$300 per year for all students participating in sports. Parents have the opportunity to reduce this fee to \$125 by volunteering to work for at least 3 of the following school events.

- Concessions (all seasons)
- BRHS Holiday Bazaar (first Saturday in December)
- BRHS annual auction "Bishops Ball" (April)
- Event Parking
- Athletic Hall of Fame dinner

Bishop Rosecrans 1040 East Main Street Zanesville, Ohio 43701

740.452.7504

Bishop Fenwick 1030 East Main Street Zanesville, Ohio 43701

740.454.9731



Bishop Rosecrans High School Tuition Assistance Application 2019-2020

Parents information

Parent(s)

Name(s) _____

Street Address _____

City _____ State _____ ZipCode _____

Phone Numbers:

Home _____ Cell _____

List all your children attending a school requiring tuition. (Catholic school, private school, college/university).

1. Name _____

_____ Grade in 2019-20 _____ Name of school _____

2. Name _____

_____ Grade in 2019-20 _____ Name of school _____

3. Name _____

_____ Grade in 2019-20 _____ Name of school _____

4. Name _____

_____ Grade in 2019-20 _____ Name of school _____

Total Number of Children in your Household: _____

Total Number of Children in your Household: _____

FACTS (Required of all Applicants for Tuition Assistance)

One FACTS for per family must be completed, submitted and verified online (www.factstuitionaid.com)

_____ Place a check here if a FACTS form has been completed, submitted, and verified for your family.

If you have received a confirmation of your FACTS from verification, please print it and attach it to this application.

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AMOUNT OF MONTHLY TUTION you are able to pay per month for 10 months for the 2019-2020 school year:
\$ _____

Please share any information you believe would be helpful in evaluating your Tuition Assistance Application. If you need additional space, please attach your explanation on an additional sheet of paper.

I certify that the information contained in this application is correct and may be used by Bishop Rosecrans High School to determine a tuition assistance award for my family for the 2019-2020 academic year.

Signature _____ Date _____

Once you have completed this application, please submit it with your Enrollment Form. You will receive a letter from Bishop Rosecrans High School Tuition Assistance Committee with the award amount. Thank you!