

Turn into: Chrisy Nollman
St. Patrick's Church office
303 S. Locust, P.O. Box 440
Pana, IL 62557

Sacred Heart School
3 East Fourth Street | Pana, IL 62557



SHS Family Scholarship Application

DUE DATE: April 1, 2024

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Marital Status: _____

Relationship to Student: _____

Co-Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Marital Status: _____

Relationship to Student: _____

Education 2024-2025

Name of student at SHS: _____ Grade: _____

Name of student at SHS: _____ Grade: _____

Name of student at SHS: _____ Grade: _____

Do you share tuition responsibility for this student with an individual not included on this application? _____

How much of the tuition can you and/or the co-applicant pay? _____

Taxable Income

Household Income: _____

Number of Adults in Household: _____ Number of Children in Household: _____

	YES		NO	
Does the applicant receive income reported on a W-2?	<input type="checkbox"/>		<input type="checkbox"/>	
	YES		NO	
Does the co-applicant receive income reported on a W-2?	<input type="checkbox"/>		<input type="checkbox"/>	
	YES		NO	
Does the applicant file a US Federal Tax Return?	<input type="checkbox"/>		<input type="checkbox"/>	
	YES		NO	
Does the co-applicant file a US Federal Tax Return?	<input type="checkbox"/>		<input type="checkbox"/>	

Do you own any of the following? (please circle) Business S Corporation Rental Property Partnership Farm Estates and Trusts

Non-Taxable Income

If you collect any non-taxable income, please select below:

Alimony	<input type="checkbox"/>	Tuition support from friends/relatives/employers	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>
Temporary Assistance for needy families	<input type="checkbox"/>	Housing Allowance (Military, Religious, Parsonage, etc.)	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	Tax-Exempt Interest	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	Other Non-taxable Income (Foster Care Allowance, VA Benefits, etc.)	<input type="checkbox"/>

Change of Income

Do you anticipate a decrease in your annual income for 2024? YES NO

What is your anticipated income for 2024? _____

What is your co-applicant's anticipated 2024 income? _____

Select the reason(s) for your reduced income (Select all that apply):

	Applicant	Co-Applicant		Applicant	Co-Applicant
Unemployment or expected to be unemployed	<input type="checkbox"/>	<input type="checkbox"/>	Military Reasons	<input type="checkbox"/>	<input type="checkbox"/>
Reduced hours	<input type="checkbox"/>	<input type="checkbox"/>	Death of a spouse	<input type="checkbox"/>	<input type="checkbox"/>
Reduced wages	<input type="checkbox"/>	<input type="checkbox"/>	Increase in family size	<input type="checkbox"/>	<input type="checkbox"/>
Exiting the workforce	<input type="checkbox"/>	<input type="checkbox"/>	Increase in family size	<input type="checkbox"/>	<input type="checkbox"/>
Legal separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>	Loss of alimony or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
Plan to retire	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Medical Reasons	<input type="checkbox"/>	<input type="checkbox"/>			

Monthly Expenses

Do you own or rent your primary residence? _____

Monthly rent or mortgage payment (include principal, interest, taxes and home insurance) _____

Do you own a second home (not including rental property)? YES NO

Do you or does anyone in your household own or lease a vehicle? YES NO

Credit Cards and Other Loans

Total Credit Card Debt _____

Total of all minimum amounts due on monthly credit card statements _____

Monthly Student loan payments for family members no longer attending college _____

Do you have other monthly loan payments (do not include cell phone, utilities, or other living expenses)? YES NO

Monthly Alimony payments _____

Monthly child support payments _____

Health insurance premiums paid per month _____

Annual Expenses

Annual vehicle insurance expense _____

Total annual out-of-pocket medical expenses not paid by insurance _____

Charitable Contributions – cash or checks per year _____

Other Expenses

College - Number of family members attending college beginning this fall _____

Day Care - Number of children for whom you pay child/day care expenses beginning this fall _____

Elder Care – Number of people for whom you pay elder care expenses _____

Assets and Liabilities

Value of cash, savings, and /or checking accounts _____

Value of stocks, bond investments, cryptocurrency, mutual funds, and/or certificates of deposit _____

Value of 529 plan account _____

What is your expected contribution in 2024 to 529 plan accounts? _____

Value of retirement plan assets _____

What is your and/or you spouse's annual contribution to retirement plan assets? _____

What is the estimated value of your home? _____

What is the amount you owe for your home? _____

What is the estimated value of your second home? _____

What is the amount you owe for your secondary home? _____

Additional Questions

Use the space below to add any information or comments which you feel might be helpful in determining your family's qualifications for tuition assistance scholarship?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

For questions or assistance in the application process, please contact Chrisy Nollman at the church office at (217) 562-5396.

Scholarship recipients will be notified by May 1.