



**-Application for Emergency or Referral Funds-
2018-2019 Application deadlines:**

October 26, 2018 April 16, 2019

Date: _____

Parent(s) Name: _____

Contact information: Phone _____ E-mail _____

Name of Student: _____ School: _____

(Only one student per application)

PLEASE CHECK ONLY ONE BOX:

I have applied for financial aid through FAIR, Inc. and **have received CTSO funding**. I have unmet financial need as determined by FAIR, Inc. and I would like to apply for additional funding.

Or

I have applied for financial aid through FAIR, Inc. and **did not receive CTSO funding** but I do have financial need and I would like to apply for funding.

Or

I have **not** applied for financial aid through FAIR, Inc. but I have a **financial emergency** and I have attached an **Income Verification Form**. ***If you have not completed a FAIR application for the current school year, you must provide an Income Verification Form. Forms may be downloaded from www.ctso-tucson.org Requests for funds will not be complete without this application and the Income Verification form.***

Please check reason for emergency funding and provide an explanation on a separate sheet to help us understand your emergency need and so we can help you receive adequate funding. You must submit a statement of need or your application will NOT be considered. Please notify your school's scholarship manager or principal of your Emergency Funding application. Reason:

_____ death _____ loss of employment _____ divorce _____ illness _____ other

-For CTSO use only-

CTSO Funding \$ _____ Other STO Funding\$ _____

ITC 2 _____ CTC _____ ITC _____ Tuition balance _____ FAIR Family ID _____ Student ID: Emergency Funds Approved \$ _____ Approved by the Scholarship and Allocation Committee: _____

Please send completed applications by mail or fax or scan and email to: Julieta Gonzalez
CTSO, PO BOX 31, Tucson, AZ 85702; or **FAX:** 520-838-2578 or **Email:** jgonzalez@diocesetucson.org