



**-Application for Emergency Funding-
Current School Fiscal Year**

Application deadlines: Fall Semester: November 19 Spring Semester: April 3

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 an unforeseen emergency and unmet financial need as determined by FAIR, Inc. and I would like to apply for additional emergency funding.

Or

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

Or

I have **not** applied for financial aid through FAIR, Inc. but I have had an unforeseen financial emergency that occurred after the current year CTSO FAIR, INC. application deadline. I have attached the required **Income Verification Form. Form may be downloaded from www.ctso-tucson.org**

Note: Please check reason for emergency funding and provide an explanation on a separate sheet. **You must submit a statement of need.** Please notify your school's scholarship manager or principal of your Emergency Funding application. **Check reason below.**

_____ 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 scan and email to: Julieta Gonzalez CTSO, PO BOX 31, Tucson, AZ 85702; **Email:** jgonzalez@diocesetucson.org **DO NOT FAX**