

9. **IF NO INCOME**, please explain conditions

10. **PARENT'S AUTHORIZATION:** *I have checked this form for omissions and errors. To the best of my knowledge, the information reported is complete and accurate.* (Please write comments explaining financial situation that may affect your ability to pay tuition.)

Signed _____ Date _____

11. **PASTOR'S RECOMMENDATION:** *I do (do not) recommend that the above-mentioned student(s) receive TUITION ASSISTANCE.* (Please write comments.)

Signed _____ Date _____

12. **PRINCIPAL'S RECOMMENDATION:** *I certify that the above-mentioned student(s) is (are) enrolled in this school and do (do not) recommend granting of Tuition Assistance.*

This student(s) meets the criteria for eligibility for a free or reduced lunch as determined by the National School Lunch Program. Yes _____ No _____ (Please write comments.)

Signed _____ Date _____

DECISION OF TUITION ASSISTANCE PROGRAM COMMITTEE: 1 _____ 2 _____ 3 _____ NA _____

Funded by: THE BISHOP'S FUND
DIOCESE OF OGDENSBURG

Administered by: DEPARTMENT OF EDUCATION
DIOCESE OF OGDENSBURG
PO BOX 369
OGDENSBURG, NEW YORK 13669

**Principal: TAP forms due to Sister Ellen Rose Coughlin, SSJ
by Monday September 14, 2026**