



**Christ the Teacher
Diocesan Scholarship Fund**



~
“Turning Taxes into Tuition”

2026

Income Verification Form

*Scholarship awarding is prioritized by income level. Students are eligible for an award regardless of income level, however, priority shall be given to students in households below 300% of the federal poverty level, who have unmet need. Please reference the **Poverty Guidelines Chart** on the CTDSF website, which shows 300% of the federal poverty level for different household sizes. Students that receive or students whose guardians receive public assistance as defined by Section 5101.26 of the Revised Code qualify as low-income.*

Important Note: Applicants who complete the FACTS Grant and Aid application and provide to FACTS all requested verification documents, DO NOT need to complete this form. Go to www.online.factsmtg.com/aid to utilize the FACTS application for income verification. Be sure to identify, within the application, the Diocese of Steubenville and the diocesan Catholic school that your child(ren) will be attending.

Primary Parent

Name: _____			
First	M.I.	Last	Marital Status
Date of Birth: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Last four digits of SS#: _____
Address: _____		City: _____	
Zip Code: _____	Phone: _____	Cell (optional): _____	
Email Address: _____			

Other Household Members

(If needed, copy this page for additional members)

Name:	_____	_____	_____	_____
	First	M.I.	Last	Marital Status
Date of Birth:	_____	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Last four digits of SS#: _____
Address:	_____			City: _____
Relationship to you:	_____			

Name:	_____	_____	_____	_____
	First	M.I.	Last	Marital Status
Date of Birth:	_____	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Last four digits of SS#: _____
Address:	_____			City: _____
Relationship to you:	_____			

Name:	_____	_____	_____	_____
	First	M.I.	Last	Marital Status
Date of Birth:	_____	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Last four digits of SS#: _____
Address:	_____			City: _____
Relationship to you:	_____			

Name:	_____	_____	_____	_____
	First	M.I.	Last	Marital Status
Date of Birth:	_____	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Last four digits of SS#: _____
Address:	_____			City: _____
Relationship to you:	_____			

Income Information

Any misrepresentation of the information provided to the CTDSF for eligibility purposes will result in the revocation of the student's scholarship and may be punishable as a crime.

In the space below, please list all current sources of household income and provide documentation for each one. Please block out the first five digits of all Social Security numbers in all documents. Reference the list below for acceptable income documents.

List each person in your household that has earned or unearned income. Please list all sources of income for each person.

Full Name	Employer or Income Source	Gross amount Before Taxes	How often Received
Total Family ANNUAL Income:			XXXXXXXXXXXX

Please provide ONE of the following acceptable forms of documentation to verify income:*

- *Most recent signed federal tax returns (pages 1 & 2 only of the 1040 or 1040A).*
- *Correspondence from the Social Security Administration, Ohio Bureau of Worker's Compensation, Department of Job and Family Services, or other providers of benefits showing that you are receiving benefits.*

**Note: If your family experiences a reduction in income after submitting this income verification form, please notify CTDSF so that this can be noted on your application.*

Signature of Primary Parent/Legal Guardian

Date

Please sign and return this form with all required documentation to the address below. Please send copies of original documents. Documents will not be returned. Must be submitted by the scholarship application deadline.