



Tuition Assistance Application

Participating School _____ Date _____

Student's Name _____ Grade 2025-26 _____

Deceased/Disabled Parent's Name _____

Living Parent/Guardian Name _____ Phone: _____

Home Address _____

Email Address _____

Annual School Tuition Amount For Student Named Above \$ _____

Amount Requested from KCF for 2025-26 School Year \$ _____

Students at this school apply for financial aid through: _____ School Office
_____ Parish Office _____ Other (please describe) _____

Please list other sources of assistance applied for, received, committed or pending:

Description of situation or event leading to loss of financial capabilities:

Is a copy of the FACTS Application attached? Yes _____ No _____

School Representative _____ Position _____

Signature of School Representative: X _____

School Address _____

Phone _____ Fax _____

Email _____

Please send to: Karen Carns Foundation, 4600 N. Mason Montgomery Road, Mason, OH 45040

513-923-5280

Fax 513-923-5775

Karen Carns Foundation – Income Verification Form

2025-26 Academic Year

Please complete this form and return it, along with your 2024 Federal Income Tax Return Form 1040, 1040A or 1040EZ as filed with the IRS for all adults in your household. If you file Schedule A, C, E or F please include copies of those as well.

Fax to 513-923-5775 (private), or mail to Karen Carns Foundation, 4600 Mason-Montgomery Road, Mason, OH 45040.

Student(s) for whom you are requesting tuition assistance:

Name_____	School_____	Grade 2025-26_____
Name_____	School_____	Grade 2025-26_____
Name_____	School_____	Grade 2025-26_____
Name_____	School_____	Grade 2025-26_____

If you are paying tuition for students other than those listed above (i.e., college tuition) please list their name, school and annual education expenses here (tuition, room and board, fees, etc.)

1. Who is responsible for paying tuition of the student(s) you are requesting assistance for?

____ Father ____% Name_____

____ Mother ____% Name_____

____ Other ____% Name and relation to student _____

2. Current employment status of adults listed above:

Father Place of Employment_____

Position_____ Hours/Week_____

Mother Place of Employment_____

Position_____ Hours/Week_____

Other Adult Place of Employment_____

Position_____ Hours/Week_____

3. Do you receive or pay child support?

____ Receive \$_____ per year

____ Pay \$_____ per year

____ Neither

4. Please estimate your household's 2025 medical expenses: \$_____

5. What is your monthly

Mortgage payment \$_____ OR

Rent payment \$_____

6. Unusual Circumstances – Please check all that apply to your situation within the past 12 months. You may use the space provided for further explanation.

☐ job loss ☐ separation/divorce ☐ change in work status
☐ bankruptcy ☐ college expenses ☐ income reduction
☐ illness or injury ☐ death in the family ☐ high debt
☐ child support reduction ☐ high medical expenses ☐ shared tuition
☐ other (please explain) _____

Description of unusual circumstances:

7. Best way to contact you:

Phone__ (____) _____ AM _____ PM _____
Email _____

Please sign here:

I/we declare that the information on this form is true, correct and complete to the best of our knowledge. I/we understand that the Karen Carns Foundation will keep this information confidential and will not share it with any other parties or agencies.

Parent/Guardian A Date _____

Parent/Guardian B Date _____