PRIVATE ELEMENTARY/HIGH SCHOOL TUITION FORM
2019-2020 Academic Year

Please check one of the following □ Continuing Student □ New Student

Applicant's Name (please print) ___________________________ Royal ID Number ___________________________

The purpose of this form is to report private school tuition expenses paid in calendar year 2018. Report private elementary, junior high and high school tuition actually paid in 2018 for family members other than the applicant. Do not include tuition paid by scholarship, payments for fees, books, supplies, or room and board. **Do not report preschool or college payments.**

Report payments made between January 1, 2018 and December 31, 2018 for dependents that will not be attending college in 2019-2020.

University of Scranton requires an invoice or statement from the school(s) showing payments made in 2018. If you do not submit an invoice, as requested for 2018, University of Scranton will be unable to give further consideration to your request.

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Age</th>
<th>Name of School</th>
<th>Tuition Paid in 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td></td>
<td>______________</td>
<td>____________________</td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
<td>______________</td>
<td>____________________</td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
<td>______________</td>
<td>____________________</td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
<td>______________</td>
<td>____________________</td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
<td>______________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

I attest that the above information is accurate. Furthermore I (we) understand that the above data will be used to determine eligibility for federal and University of Scranton financial assistance and is subject to verification by The University of Scranton.

Applicant’s Signature____________________________________Date_________________________

Spouse’s Signature (if married)____________________________Date______________________

Father’s Signature_______________________________________Date_____________________

Mother’s Signature_______________________________________Date_____________________

*Complete this form only if it applies to you. Return it to:*
The University of Scranton
Financial Aid Office
Scranton, PA 18510-4689
Fax: (570)-941-4370
Phone: 1-888-SCRANTON