

**ST. MARY'S CATHOLIC SCHOOL
REQUEST FOR FINANCIAL ASSISTANCE
ACADEMIC YEAR 2011-2012**

Parent/Guardian full name

Last		First		Middle	
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Spouse

Last		First		Middle	
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What is the relationship of the legal guardians (if not natural parents)?

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Permanent Address

Number		Street		Apt.#	
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City		State		Zip	
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Phone Number

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Name of students to attend St. Mary's Catholic School:

Name of Student	Date of Birth	Grade to be attending
1)		
2)		
3)		
4)		
5)		

Other family members or dependents:

Name	Date of Birth	Daycare/School/College Attending	Monthly cost of tuition/fees
1)			
2)			
3)			
4)			
5)			

Number of parents/legal guardians living at home?

Number of parents/legal guardians working full-time?

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On page two (2), please list your family assets and liabilities and give all pertinent information concerning your monthly income. This information is needed to determine the complete financial circumstances of the family applying for Financial Assistance.

SPECIAL CIRCUMSTANCES:

Please describe any special circumstances such as unemployment, medical expenses, legal expenses, that you feel should be taken into consideration when determining financial assistance.

What is the maximum amount you could pay monthly? \$, .00
(NOTE: This box **must be completed** before financial assistance will be offered).

CATHOLICS: Are you an **active** member of a local Catholic parish? YES NO
Active members should tithe at least \$50.00 per month. Please check the appropriate space to determine which fee schedule will be used. For Catholics registered in parishes other than St. Mary's Church, have your discussed Catholic School parish support with your priest?
 YES NO

Parish where your family is registered: _____

NON-CATHOLICS: *Church currently attending* _____

I declare that the information on this form is, to the best of my knowledge, correct and complete. By signing this form I agree, if asked, to provide information that will verify the accuracy of the information contained in this form.

Parent/Guardian signature

Date

Paperwork that must be submitted with this form (*incomplete files will not be considered*):
Copy of current Tax Return and W-2, and ONE Registration Fee PER Student (\$200.00 returning families / \$225.00 new families / \$600.00 high school) **by Tuesday, March 1, 2011.**
LATE APPLICATIONS WILL ONLY BE CONSIDERED IF LIMITED FUNDS ARE STILL AVAILABLE. *Fee refundable pending the decision of the Finance Committee.*

<u>FOR OFFICE USE ONLY</u>	Amount awarded: _____	Accepted: Y ___ N ___ (Date) _____
NOTES: _____ _____		
REGISTRATION FEE: ___ Cash ___ Check (# _____) Reg. Amount: _____ Returned? ___ Date _____		