

**ST. MARY'S SCHOOL
REQUEST FOR FINANCIAL ASSISTANCE
ACADEMIC YEAR 2007-2008**

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.

ASSETS/LIABILITIES

Assets (list full value):

Real Estate.....\$ _____
Businesses (corporations, partnerships, d/b/a).....\$ _____
Autos.....\$ _____
Stocks/Bonds.....\$ _____
Cash (savings, checking, money market).....\$ _____
Retirement Accounts (IRA's, Pension, 401-K's).....\$ _____
Life Insurance.....\$ _____
Other (list) _____ \$ _____
TOTAL ASSETS: \$ _____

Liabilities (list debts):

Real Estate.....\$ _____
Businesses.....\$ _____
Autos.....\$ _____
Credit cards.....\$ _____
Other (list):
1. _____ \$ _____
2. _____ \$ _____
TOTAL LIABILITIES: \$ _____

MONTHLY INCOME STATEMENT

Monthly Gross Income (Average):

Salary.....\$ _____
Bonuses/Commissions.....\$ _____
Dividends/Interest.....\$ _____
Real Estate Income.....\$ _____
Other Income (list) _____ \$ _____
TOTAL MONTHLY GROSS INCOME: \$ _____

Monthly Expenses (Average):

Income Taxes.....\$ _____
House Payment/Rent.....\$ _____
Auto Payment(s).....\$ _____
Bank Loan Payments (list) _____ \$ _____
Credit card Payments.....\$ _____
Food.....\$ _____
Clothing (average).....\$ _____
Misc. living expenses & utility bills (list):
1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
TOTAL MONTHLY EXPENSES: \$ _____

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? \$,
(NOTE: This box must be complete before financial assistance is offered).

Are you Catholic? (Please check the appropriate space to determine fee schedule).

Catholic non-Catholic

Church you are 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

To be submitted with form:

Form 4506-T: Request for Transcript of Tax Return, Copy of current Tax Return,
Registration Fee (\$150. for returning families / \$175. for new families before May 1, 2007)

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 _____		