

Confidential

Documents to be Provided

This application will not be considered unless the following information is received:

1) Copy of your most recent filed Federal & State Income Tax Return

and

2) Copies of Check Stubs or other support for all income disclosed in the financial section of this application

and

3) A Copy of your previous year's W-2 form

Family Information:

Father's Name: _____ Living: _____ Deceased: _____

Father's Occupation: _____ Phone: W _____ H _____

Employer: _____

Employer Address: _____

Mother's Name: _____ Living: _____ Deceased: _____

Mother's Occupation: _____ Phone: W _____ H _____

Employer: _____

Employer Address: _____

Number of Dependents in Household

Please provide all applicable information

Child's Full Name	School Attending	Grade Entering	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please place a check next to the child's/children's name for whom you are requesting tuition assistance.

Total anticipated costs (tuition and registration fees) for the coming school year \$ _____

Amount of annual assistance being requested \$ _____.

(Please note the above information is required.)

Other educational scholarships/financial aid presently receiving: \$ _____

Have you sought other sources for tuition assistance for any of your children?

Yes _____ No _____

Complete the following only if the student's parents are divorced or separated

Divorced _____ Legally Separated _____

Name of parent who claims student as a tax exemption: _____

Is there an agreement specifying a contribution for this student's education expenses?

Yes _____ No _____ If yes, how much per year? \$ _____

Financial Information

Monthly Income

Monthly Gross Wages:	Father	\$ _____
	Mother	\$ _____
Child Support / Alimony		\$ _____
Other Income (describe below)		
_____		\$ _____
_____		\$ _____
_____		\$ _____
Total Monthly Income		\$ _____

MONTHLY EXPENSES

Rent or House Note	\$	_____
Utilities (elec., water, gas, phone)	\$	_____
Automobile (note pmt., fuel, etc.)	\$	_____
Medical (average)	\$	_____
Clothing	\$	_____
Groceries	\$	_____
Insurance (Life, Health, Auto)	\$	_____
Credit Card Payments:		
VISA/MC/AMEX	\$	_____
Gas	\$	_____
Other	\$	_____
Country/Athletic Club	\$	_____
Mardi Gras Krewe/Other social organizations	\$	_____
Monthly contribution to retirement plan	\$	_____
Other Payroll Deductions	\$	_____
Other Expenses	\$	_____
TOTAL MONTHLY EXPENSES	\$	_____

PERSONAL HOLDINGS

All Checking Accounts: Location _____ Avg. Balance _____

All Savings Accounts: Location _____ Avg. Balance _____

All Certificates of Deposit: Location _____ Balance _____

All Savings Bonds: Location _____ Amount _____

All Other Investments: Location _____ Amount _____

All Retirement Accounts: Location _____ Amount _____

All Motor Vehicles:

Make /Model _____ Year _____

Make /Model _____ Year _____

Make /Model _____ Year _____

Boats & Trailers

Make/Model _____ Year _____

Make/Model _____ Year _____

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All Other Property (Land, etc.)

Location _____ Estimated Value \$ _____

Location _____ Estimated Value \$ _____

Please provide a short narrative as to reasons why you feel you qualify for financial assistance.

Please be specific as to any circumstances that the committee may need to be aware of:

I (We) understand that I (we) will be responsible for paying the difference between my (our) annual tuition and the financial assistance provided to me by Sts. Peter and Paul Catholic School.

I (We) solemnly affirm that to the best of my (our) knowledge and belief, the information provided in the foregoing application is true and correct.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date