



**FOR OFFICE USE ONLY**

Registration Fee Paid \_\_\_\_\_  
Date Received \_\_\_\_\_  
F.A. Awarded \_\_\_\_\_

**2020-21 Financial Assistance Application**

Please complete and return this application no later than **May 1, 2020 with copies of your most recent Federal Tax Return 1040 and Schedule A.**

**ALL ACCOUNTS MUST BE CURRENT BEFORE ASSISTANCE WILL BE GRANTED**

The following criteria will be used in determining financial assistance:

1. Financial need; all applications received will be reviewed. Aid is dispersed according to need and available resources. A set amount of funding is available each year. Not all applicants will qualify for financial aid; previous recipients are not automatically guaranteed aid.
2. Student applicant must abide by all rules of St. Francis of Assisi Catholic School.
3. Financial Assistance will be revoked if terms of the Tuition Contract are not maintained and kept current.
4. A student who is placed on probation at any time during the school year, forfeits financial assistance and must reapply for future assistance.

**STUDENT INFORMATION:**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT INFORMATION:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone (F) \_\_\_\_\_ Work Phone (M) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

**DIVORCED OR SEPARATED PARENTS:**

This form is to be completed by the parent responsible for the student's educational expenses. Shared responsibility requires an application from both parents.

## 2020-2021 Financial Assistance Application

**FINANCIAL INFORMATION: Please include copies of your most recent Federal Tax Return 1040 and Schedule A.**

Expected Household Income for 2020.....\$ \_\_\_\_\_

**Assets:**

Current Checking/Savings Balances: .....\$ \_\_\_\_\_

Current Brokerage Accounts holding Stocks, Bonds, Mutual Funds, ETF's: .....\$ \_\_\_\_\_

Current 529 Education Savings Accounts Balances: .....\$ \_\_\_\_\_

Current Value of UTMA/UGMA for Dependents under age 21: .....\$ \_\_\_\_\_

Real Property: Primary Residence \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Payment \$ \_\_\_\_\_

Rental Property \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Payment\$ \_\_\_\_\_ Rental Income \$ \_\_\_\_\_

Other Real Property \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Payment\$ \_\_\_\_\_

Home Equity Lines of Credit amount: \$ \_\_\_\_\_ Balances outstanding: \$ \_\_\_\_\_ Payment: \$ \_\_\_\_\_

Credit Card Credit Available: \$ \_\_\_\_\_ Balances: \$ \_\_\_\_\_ Payments: \$ \_\_\_\_\_

Car Values: \$ \_\_\_\_\_ Car Debts: \$ \_\_\_\_\_ Car Payments: \$ \_\_\_\_\_

Student Loan Debts: \$ \_\_\_\_\_ Student Loan Payments: \$ \_\_\_\_\_

Recreational Assets Boats, Travel Trailer, Motorized Sport Vehicles Value \$ \_\_\_\_\_ Debts \$ \_\_\_\_\_ Payments

Medical/Dental Expenses: Total anticipated medical/dental expenses for 2020-2021 not covered by insurance \$ \_\_\_\_\_

Charitable and Community Support, what amount do you budget for charitable Giving? \$ \_\_\_\_\_

What amount of annual giving is to Support St Francis Parish? \$ \_\_\_\_\_ St Francis School Fund Raising: \$ \_\_\_\_\_

Explanation/Special Circumstances: Please explain in space below or attach an additional sheet to explain any unusual expenses or special circumstances.

**Families awarded *Financial Assistance* are encouraged to complete a minimum of 40 hours of service to St. Francis of Assisi Catholic School or to St. Francis of Assisi Catholic Parish.**

**APPLICATIONS THAT ARE NOT COMPLETED OR MISSING INFORMATION WILL NOT BE PROCESSED.**

Fees not covered under Financial Aid: Registration, after school care, milk/lunch program, yearbook, and elective fees

**Amount of Financial Aid Requested for this upcoming School Year: \$ \_\_\_\_\_ Total for household.**

Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this application.**

All information is kept confidential and will only be reviewed by the Financial Aid committee. You may be contacted if clarification is needed.