

FACTS applied for
On _____

Today's date _____

Saint Mary School
Attention Financial Aid Committee
538 Church Street
Middletown, New Jersey 07748

Application for Financial Assistance

Last Name _____ First Name _____ MI _____

Spouse's Name _____ Frist Name _____ MI _____

Student's Last Name/Grade _____ First Name _____

Address _____

Phone Number _____

SS Number _____ Marital Status _____

Occupation _____ Spouse's Occupation _____

Employer's Address _____ Employer's Address _____

Employer's Phone No. _____ Employer's Phone No. _____

Number of Children in Family _____

Number of Children attending Saint Mary School _____

Date received _____ Initials _____

Date reviewed: _____ Initials _____

Comments: _____