

PLEASE PRINT CLEARLY

ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE

ST. MARY CATHOLIC SCHOOL
SCHOLARSHIP APPLICATION FORM
2019/2020 SCHOOL YEAR

FOR THIS APPLICATION TO BE CONSIDERED ALL INFORMATION MUST BE SUPPLIED AND A TAX RETURN ATTACHED

SECTION A - PARENT OR GUARDIAN INFORMATION
Include all parents or guardians who reside in the family home.

Form for Section A containing fields for parent/guardian information: LAST NAME, FIRST NAME, M.I., SOCIAL SECURITY NUMBER, AGE, WORK PHONE, OCCUPATION, EMPLOYER, # YEARS, and MARITAL STATUS (MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE).

If any students parents are divorced or separated, is there an agreement which requires the non-custodial parent (not listed here) to make contributions specifically earmarked for education? YES ___ NO ___ If yes, what is the annual contribution? \$ _____

SECTION B - HOUSEHOLD INFORMATION

Form for Section B containing fields for household information: Street address, City, State, Zip Code, and Home Telephone Number.

How many people will reside at this address during the up-coming school year? Adults ___ Children ___

SECTION C - INFORMATION ABOUT DEPENDENTS

Include all dependents who reside in the family home and rely on the adults in Section A for primary Support.

Please print the full name of the each child below. If child will attend a tuition- charging school, college, preschool or daycare facility during the up-coming school year, provide the information requested. If the child attends St. Mary School and you would like the child to be considered for aid please check Aid Requested column. In cost column please enter the amount you are paying after financial aid.

Table with 7 columns: Last Name, First Name, Age, College, Daycare Provider's name, Grade up-coming Year, Cost, and Aid Requested.

SECTION D - INCOME AND EXPENSES

To be considered for a scholarship the following information must be provided for the current tax year. Enter zero if applicable. A copy of the last tax return must be attached.

Form for Section D containing fields for income and expenses: INCOME, Total adjusted gross income, Worker's compensation received, Food Stamps received, and Child support received.

Other non-taxable income

EXPENSES

Child support paid

Alimony paid

Medical or Dental expenses not paid by insurance or
otherwise reimbursed - include premiums you paid

SECTION E - ASSETS AND LIABILITIES

Please enter current values for all information requested. Enter zero if applicable

Current amount of money in cash, savings, checking NOW accounts and Certificates of Deposit

Current market value of stocks, bonds, mutual funds, money market accounts and other liquid investments.

Amounts in tax-deferred accounts such as IRA, 401(k), 403(b), etc.

If you own your own home:

How much did it cost?

What year was it purchased?

What is the current appraised value?

How much do you still owe on it?

If you own other real estate: What is the current appraised value? How much

Other outstanding loans

Student Savings - Total Savings for all students applying for aid through this application.

SECTION F - SPECIAL CIRCUMSTANCES

Please provide a brief description of any significant changes in income, expense or financial condition expected during the up-coming school year or any other information that you would like considered when determining aid eligibility. Attach additional sheets if necessary.

RELIGIOUS AFFILIATION

CHURCH ATTENDING

SECTION G - CERTIFICATION AND SIGNATURE

PLEASE LET US KNOW IMMEDIATELY IF ANY OF YOUR CIRCUMSTANCES CHANGE

This form must be signed by all parents in Section A. Incomplete or unsigned applications will not be processed

I (we) certify that the information on this form and all attachments is complete and accurate to the best on my (our) knowledge. I (we) authorize St. Mary Catholic School to verify this information with the schools named in Section C of this form.
