

PLEASE PRINT CLEARLY

St. Mary Catholic School 2021-2022 Scholarship Application Form

***FOR THIS APPLICATION TO BE CONSIDERED ALL INFORMATION MUST BE SUPPLIED AND A TAX RETURN ATTACHED
All Information will be Held in Strictest Confidence

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

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

If any student's 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? \$ ____
(Child Support Documentation must be submitted, if applicable)

SECTION B - HOUSEHOLD INFORMATION

Form for Section B containing fields for Street address, City, State, Zip Code, Home Telephone Number, and a question about the number of people residing at the address during the up-coming school year.

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, School, Preschool, Grade up-coming Year, Cost, Aid Requested. Contains 5 empty rows for data entry.

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 (Total adjusted gross income, Worker's compensation received, Food Stamps received, Child support received, Other non-taxable income) and 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 though 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.

Certifying Parent or Guardian Printer Name Parent or Guardian Signature Date

Certifying Parent or Guardian Printer Name Parent or Guardian Signature Date