



# St. Helen Catholic School

2025 20th Avenue  
Vero Beach, FL 32960

## Financial Aid Request Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Subsidy Requested for: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Family Registration and Parish Support through Weekly Use of Offertory Envelopes are Essential Requirements for Enrollment. You are Registered and Regularly Attend Mass at:

\_\_\_\_\_ Envelope #: \_\_\_\_\_  
Mass Usually Attended: \_\_\_\_\_

Volunteer with the Following School Functions:

\_\_\_\_\_  
\_\_\_\_\_

Occupation: Father: \_\_\_\_\_ Work #: \_\_\_\_\_

Salary: \_\_\_\_\_

Other Income: \_\_\_\_\_

Total Income: \_\_\_\_\_

Mother: \_\_\_\_\_ Work #: \_\_\_\_\_

Salary: \_\_\_\_\_

Other Income: \_\_\_\_\_

Total Income: \_\_\_\_\_

Total Family Income: \_\_\_\_\_ \$ \_\_\_\_\_

Reason for Not Being Able to Pay Full Tuition:

\_\_\_\_\_  
\_\_\_\_\_

Please Submit: **Copy of Most Recent Tax Return and Income/Expense Worksheet**

I Feel I Can Afford to Pay \$ \_\_\_\_\_ Tuition for the \_\_\_\_/\_\_\_\_ School Year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

**INCOME/EXPENSE WORKSHEET**

<b><u>INCOME</u></b>		<b><u>FLEXIBLE EXPENSES</u></b>	
Salary	\$	Food/Beverage	\$
Bonus		Clothing	
Dividends		Laundry/Cleaning	
Interest		Personal Care	
Proceeds from sale of securities		Entertainment	
Rental Income		Travel/Vacation	
Social Security		Recreation	
Pension		Gifts	
Alimony		Household Help	
Child Support		Appliance Purchases	
Unemployment, Disability Insurance		Gasoline	
Other Income		Health Care (Doctors, drugs, etc.)	
		Child Care	
		Education	
		Gifts and Donations	
<b>TOTAL INCOME</b>	<b>\$</b>	Investments	
		Savings	
<b>FIXED EXPENSES</b>		Personal Allowance	
Mortgage/Rent	\$	Other	
Fuel			
Electricity			
Telephone		<b>TOTAL FLEXIBLE EXPENSES</b>	<b>\$</b>
Water			
Personal Property Taxes			
Real Estate Taxes			
Homeowner Insurance Premium			
Automobile Insurance Premium			
Medical/Disability Insurance Premium			
Life Insurance Premium			
Automobile Loan			
Loan or Installment Debt Repayment			
Other			
<b><u>TOTAL FIXED EXPENSES</u></b>	<b>\$</b>	<b><u>TOTAL EXPENSES</u></b>	<b>\$</b>

**INCOME/EXPENSE WORKSHEET**

<b>WHAT YOU OWN</b>		<b>WHAT YOU OWE</b>	
<b>CASH:</b>		<b>CURRENT BILLS:</b>	
Cash on Hand	\$	Rent	\$
Checking Accounts		Utilities	
Savings Accounts		Charge Accounts	
Money-Market Funds		Credit Cards	
Life Insurance Cash Value		Insurance Premiums	
Money Owed You		Alimony	
		Child Support	
		Other Bills	
<b>MARKETABLE SECURITIES:</b>			
Stocks	\$		
Bonds		<b>TAXES:</b>	
Government Securities		Federal	\$
Mutual Funds		State	
Other Investments		Local	
		Taxes on Investments	
		Other	
<b>PERSONAL PROPERTY:</b>			
Automobiles	\$		
Household Furnishings		<b>MORTGAGES:</b>	
Art, Antiques, Other Collectibles		Homes	\$
Clothing, Furs		Other Properties	
Jewelry			
Other Possessions			
		<b>DEBTS TO INDIVIDUALS:</b>	
			\$
<b>REAL ESTATE:</b>			
Homes	\$		
Other Properties			
<b>PENSION:</b>		<b>LOANS:</b>	
Vested Portion of Company Plan	\$	Auto	\$
Vested Benefits		Education	\$
IRA		Home Improvement	
Keogh		Life Insurance	
		Other	
<b>LONG-TERM ASSETS:</b>			
Equity in Business	\$		
Life Insurance			
Annuities		<b>TOTAL:</b>	\$
<b>TOTAL:</b>	\$	What you own minus what you	
		owe equals your NET WORTH:	\$