

LAST NAME: _____
DATE RECV'D: _____
-OFFICE USE ONLY-

HOLY NAME CATHOLIC SCHOOL FINANCIAL AID APPLICATION FOR 2020-2021

Please read:

Holy Name Catholic School's operations depend 100% on the income generated from tuition, fundraising, and donations. In order to continue providing our students with a quality, whole-child education, it is essential that each family assess their financial situation honestly, with the realization that a private education often requires one to make sacrifices for the good of the child.
We believe that every child whose family desires a Catholic Education should be able to receive one. Please see the Administrator, Ms. Hazel Brewi with any questions. Thank you!

The following information is required to evaluate your request; please provide complete information.

Mother's Name: _____ **Phone:** _____

Address: _____ **Zip:** _____ **Date:** _____

Father's Name: _____ **Phone:** _____

Address: _____ **Zip:** _____ **Date:** _____

Head of household/Custodial Adult - marital status (Please check one)
Single __ Partnership __ Married __ Divorced __ Widowed __ Separated __

List all minors who depend upon the family for at least half of their support.

Name of Minor(s)	Age
_____	_____
_____	_____
_____	_____
_____	_____

Number of Adults in household: _____ **Number of Working Adults in household:** _____

Please explain your reason for requesting financial aid:

Monthly Net Income

List current average monthly income for ALL adults:

Wages, salaries, tips _____

Interest and dividends _____

Rental income _____

Alimony/Child support _____

Business Income _____

Welfare _____

Food Stamps _____

Unemployment _____

Social Security _____

Other: _____

Total \$ _____

Monthly Expenses

List current average monthly household expenses:

Rent or mortgage _____

Car payment _____

Food _____

Utilities _____

Phone _____

Health Insurance _____

Life Insurance _____

Child Care _____

Medical Bills _____

Other: _____

Total \$ _____

Comments on income and/or expenses:

Amount you could afford to pay in tuition per month _____ (please do not leave blank)

Supporting Documents:

This request must be accompanied with a copy of the 2019 Federal Income Tax Form 1040, 1040EZ, or 2019 social security statement, and or other pertinent documentation of income for the financially responsible parent(s) or guardians. All information is held in strict confidence.

I believe that the information provided is complete and accurate and if my present situation improves, I would be willing to return to the standard tuition rate.

Signature – Parent/Guardian

Date

Signature – Parent/Guardian

Date