



FINANCIAL AID APPLICATION

FINANCIAL DOCUMENTATION MUST BE ATTACHED TO THIS FORM
(W-2, Tax Return, SS statements, rent/mortgage receipt, and/or pay stub, etc.)

School Year: _____ Date of Application: _____ Date Received: _____

Student Name: _____ Student Number: _____

Current School: _____ Current Parish: _____

Is the student working? Yes No

a. If yes, indicate the amount earned: _____

b. If no, indicate why the student cannot work:

c. Total amount earned in the previous year: _____

List any activities or services that the student is involved in school or in the Community:

Parent/Guardian Information:

1.	<u>Father/Guardian</u>	<u>Mother/Guardian</u>
	Name _____	Name _____
	Address _____	Address _____
	_____	_____
	Employer _____	Employer _____
	Cell Phone _____	Cell Phone _____

	Father/Guardian	Mother/Guardian
2. Are you currently employed (yes or no)	_____	_____
▪ If yes, name of employer	_____	_____
▪ If yes, business phone	_____	_____
3. Total Income earned from Income Tax Form for 2010 (AGI) Adjusted Gross Income	_____	_____
4. Estimated earnings this year (2011)	_____	_____
5. Any other information regarding work status	_____	

Assets (List Amounts):

Savings Account	_____	Savings Bonds	_____
Stocks	_____	CD'S	_____
IRA, Keough, TDA	_____	Bonds	_____
Real Estate Holdings	_____		

Other Income:

- 6. Income from Government Agencies – amount and kind: _____
- 7. Income from divorced/separated spouse this year: _____
- 8. Other income amount and kind: _____
- 9. How many family members at home work outside the home? _____
How much of their income is contributed to the household income? _____

Family Expenses as of 2011/2012:

Education:	School(s)/College(s) Attending
10. Number of dependants in a Catholic High School	_____
11. Number of dependants in a Catholic Grade School	_____
12. Number of dependants in College	_____
13. Will this number change in the next year? Explain, if yes: _____	

Monthly Expenses:

- 14. Credit cards, utilities, car payments, loans, etc. _____
- 15. Medical:
 - Insurance premiums not covered by employer (list monthly amount) \$ _____
 - Medical expenses last year not covered by insurance \$ _____
 - Current medical debt (Outstanding amount that you are paying on a regular basis.) \$ _____
- Monthly mortgage payment (include Taxes and Insurance) \$ _____ or Rent \$ _____
- Balance of Mortgage \$ _____
- Approximate Market value of your home \$ _____
- Any other expenses? Explain: _____

**NO APPLICATION WILL BE PROCESSED WITHOUT SUPPORTING DOCUMENTATION
(W-2, Tax Return, SS statements, rent/mortgage receipt, and/or pay stub, etc.)**

PARENT/GUARDIAN SIGNATURE(S): _____ Date _____

John W. Hallahan Catholic Girls' High School wants to assist in providing a Catholic Education for young women. The information on this application and the supporting documentation is necessary for the Finance Committee to determine eligibility. ALL INFORMATION RECEIVED IS CONFIDENTIAL.