

**ST. AMELIA SCHOOL ~ Financial Aid Request Form**

(please print)

School Year: \_\_\_\_\_

FAMILY NAME: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Parish Affiliation \_\_\_\_\_

**(CONFIDENTIAL STATEMENT  
- - to be completed by parent or guardian)**

**Instructions:**  
Do not leave any item blank.  
If it does not apply, write N/A (not applicable).

The following required documentation must accompany this form:

Request For (✓ please check):
_____ St. Amelia Educational Fund
_____ Friends of St. Amelia School (Emergencies)
_____ Guardian Angel Fund (Expenses, not tuition)
_____ Kevin Long Memorial Fund (Athletics)
_____ Joshua Arndt Memorial Fund (Pre-K)

- ✓ **No. 3 - Earned Income:** most recent signed Federal Income Tax Forms.
- ✓ **No. 4 - Other Income:** for social security, food stamps, unemployment, retirement, veteran's benefits, rental assistance - - please provide a copy of recent check or letter from the department that issued the check, or a statement from your bank.
- ✓ **No. 6 - Expenses:** please provide proof of payment (ex., copy of check, or other documentation)

1. Number of **exemptions** claimed on most recent **Federal Income Tax Form:** \_\_\_\_\_.

2. Give information below for all **dependent children**. (If you need additional space, attach a separate sheet).

Age	Living with you?	Grade	School	Total Cost of one year	Amount of this cost paid by parent/guardian	Assistance available from:		
						Scholarship or assistance	Loan	Job (include summer earnings)
a)								
b)								
c)								
d)								
e)								
f)								

3. **Earned Income:** (Documentation required -- see instructions)

A.	Adjusted Gross Income (most recent tax year)	Estimated Income Next Year	CHECK THOSE THAT APPLY:			
			Full Time	Seasonal	Part-time	Unemployed
Father (guardian)						
Mother (guardian)						
Other						

**B. Place of Employment:**

Father \_\_\_\_\_ Job Title \_\_\_\_\_

Mother \_\_\_\_\_ Job Title \_\_\_\_\_

**C. No earned income is listed for father and/or mother because he/she is:**

- |                                          |                                                                |
|------------------------------------------|----------------------------------------------------------------|
| 1. _____ Deceased (Date _____)           | 5. _____ Separated or divorced and not living with the family. |
| 2. _____ Disabled, sick, or not working. | 6. _____ Student and not working.                              |
| 3. _____ Full-time homemaker.            | 7. _____ Unemployed and not earning money.                     |
| 4. _____ Retired and not working         | 8. _____ Other: _____                                          |

**4. Other Income:** (Documentation required -- see instructions)

- A. *Welfare Income:* \$ \_\_\_\_\_ per month x 12 months = \$ \_\_\_\_\_
- B. *Food Stamp Value:* \$ \_\_\_\_\_ per month x 12 months = \$ \_\_\_\_\_
- C. *Child Support:* \$ \_\_\_\_\_ per month x 12 months = \$ \_\_\_\_\_
- D. *Other Business Income:* \$ \_\_\_\_\_ per month x 12 months = \$ \_\_\_\_\_
- E. *Property/rental Income:* \$ \_\_\_\_\_ per month x 12 months = \$ \_\_\_\_\_
- F. *How much in unemployment benefits were received in most recent tax year?* Father: \$ \_\_\_\_\_  
Mother: \$ \_\_\_\_\_
- G. *If Total Disability, Insurance, Retirement, Social Security, Sub. Pay, or Veteran's Benefits are received, the TOTAL AMOUNT received during the most recent tax year (by all members, including children) was:* \$ \_\_\_\_\_
- H. *Other Income:* \$ \_\_\_\_\_ Explain: \_\_\_\_\_

**5. Asset Information:**

	<u>Present Market Value</u>	<u>Unpaid Mortgage/Debts</u>
A. <i>Home:</i>	\$ _____	\$ _____
B. <i>Investment Real Estate (not home):</i>	\$ _____	\$ _____
C. <i>Business:</i>	\$ _____	\$ _____
D. <i>Farm:</i>	\$ _____	\$ _____
E. <i>Current Value of Cash Savings and Checking Accounts:</i>	\$ _____	

**6. Expenses:** (Amount paid in most recent tax year – see instructions)

Alimony: \$ \_\_\_\_\_ Day Care: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_ Medical/Dental: \$ \_\_\_\_\_ Health Insurance: \$ \_\_\_\_\_  
**ALL Other Expenses** (Please identify): \_\_\_\_\_

**7. Are you involved in any parish volunteer service?** Please specify: \_\_\_\_\_  
 If NO, are you willing to volunteer? \_\_\_\_\_

**Name of your child(ren) who attend St. Amelia School:**

- 1. \_\_\_\_\_ Grade \_\_\_\_\_
- 2. \_\_\_\_\_ Grade \_\_\_\_\_
- 3. \_\_\_\_\_ Grade \_\_\_\_\_
- 4. \_\_\_\_\_ Grade \_\_\_\_\_

**Name of parent or guardian :** \_\_\_\_\_

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

*This signature attests that I believe the information on this form to be complete and accurate.*

➤ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**For office use only:** TOTAL TUITION: \$ \_\_\_\_\_ STATUS: \_\_\_\_\_

_____ <i>St. Amelia Educational Fund</i>	<b>Special payment plan:</b> _____
_____ <i>Joshua Arndt Memorial Fund</i> (Pre-K)	<b>Partial waiver:</b> _____
_____ <i>Friends of St. Amelia School</i> (Emergencies)	<b>Full waiver:</b> _____
_____ <i>Guardian Angel Fund</i> (Expenses, not tuition)	<b>Other:</b> (specify) _____
_____ <i>Kevin Long Memorial Fund</i> (Athletics)	
_____ <i>BISON / CTAP</i>	
_____ <i>Other:</i> _____	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_