



**Financial Aid Application
St. Mary Parish School**

St. Mary Parish is committed to providing a Catholic education for our parishioners who want it for their children. The distribution of funds is dependent on your circumstances coupled with the amounts of Tuition Angel funds we have available in any given year. We will do our best to make financial arrangements that work for you.

In order to process your application, we require the following:

- That you have been a member of good standing at St. Mary Parish for a minimum of 6 months.
- That your family regularly worships with our parish community.
- That you commit a portion of your time to serve in one or more of our many parish ministry areas.
- That you provide us with a copy of your most recent Federal Income Tax Return Form 1040.
- That you have submitted a completed application on or before the deadline.

All information provided will be treated confidentially. Please complete the information below:

Family Name: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please check one: Initial Application Renewal*

*If renewal, list the amount of financial aid received the previous year(s): \$ _____

Please list dependent children living at home:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GRADE IN FALL
				K5 1 2 3 4 5 6 7 8
				K5 1 2 3 4 5 6 7 8
				K5 1 2 3 4 5 6 7 8
				K5 1 2 3 4 5 6 7 8
				K5 1 2 3 4 5 6 7 8

Indicate below, all dependent children who live at home or are away at college and dependent on the family.

NAME	AGE	SCHOOL/COLLEGE	TUITION PAID BY PARENTS	FINANCIAL AID RECEIVED

Indicate below, other dependents, if any, who require your financial assistance.

RELATION TO FAMILY	AGE	RESIDES AT HOME	DOES NOT RESIDE AT HOME	ASSISTANCE NEEDED PER YEAR

What is the best time of day to contact you if we need additional information? _____

	Last Year: 20__	Previous Year: 20__
1. SALARIES & WAGES BEFORE TAXES		
Mother/stepmother/guardian		
Father/stepfather/guardian		
2. OTHER INCOME:		
Mother/stepmother/guardian		
Father/stepfather/guardian		
3. TOTAL (add 1 & 2)		
4. BUSINESS EXPENSES (explain on back)		
5. Subtract line 4 from line 3		
6. Federal Income Taxes paid by both parents:		
7. State Income Taxes paid by both parents		
8. Annual rent or mortgage payments:		
9. Uninsured medical expenses (include cost of medical insurance you pay)		
10. Other extraordinary expenses paid (explain below)		

Do you own your own home? _____ YES _____ NO

If yes, what is the value of the home? \$ _____

What is the balance owed on your mortgage? \$ _____

Please indicate the amount of tuition due from page 2 on the Financial Commitment Form: \$ _____

Please indicate the amount of tuition assistance that you would like to receive: \$ _____

Please indicate your financial commitment to the support of the parish: \$ _____ Monthly.

Are there any funds that might be applied to the student's education such as bank accounts, legacies, gifts, educational insurance, aid from relatives, friends or organizations? Please give details:

The financial aid committee will welcome any further statement you may care to make which may aid in determining the amount of tuition reduction that is appropriate for the committee to grant. Please attach a separate piece of paper for this statement.

We hereby state that all information is, to the best of our knowledge, true and accurate.

Signatures:

(Father/Guardian)

(Mother/Guardian)

(Date)

Attach a copy of most recent Federal Income Tax Return.

**Send to: Director of Administrative Services
 St. Mary Parish
 N89 W16215 Cleveland Avenue
 Menomonee Falls, WI 53051**

Your completed application must be returned on or before the last day of May. If you have any questions please contact Linda Joyner, 262-251-1050 ext. 112