

# St. Aloysius School Scholarship/Financial Aid Application 2018-2019

**Please complete only one application per family.**

Submit to Tiffany Meek in the school office by **Thursday, February 1, 2018** at 3:00 p.m.  
Need is always the prime determinant for selection. *To be eligible, a student must be an enrolled kindergartner through eighth grader for the year applying for assistance.*

***PLEASE PRINT ALL INFORMATION ON THIS FORM.***

**Student's Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

**Current Grade:** \_\_\_\_\_ Number of years at St. Aloysius School: \_\_\_\_\_

Other schools attended by applicant: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

**Current Grade:** \_\_\_\_\_ Number of years at St. Aloysius School: \_\_\_\_\_

Other schools attended by applicant: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

**Current Grade:** \_\_\_\_\_ Number of years at St. Aloysius School: \_\_\_\_\_

Other schools attended by applicant: \_\_\_\_\_

**Church Parish:** \_\_\_\_\_

**Name of Parents/Guardians:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/s Email (if available):** \_\_\_\_\_

## **Financial Information**

**Attach a copy of your 2016 tax return AND 2017 W-2 forms filed by the following persons:**

1. *Any person residing in the household.*
2. *Any person financially responsible for the applicant, but not residing in the household.*

**Please note: Your application will not be reviewed without the appropriate tax forms.**

Own/mortgage home? (Yes/No) Automobile? (Yes/No) If so, how many vehicles? \_\_\_\_\_

Does family own other property? (Yes/No) If yes, describe \_\_\_\_\_

Occupation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Income (**Adjusted Gross Income**): Father \_\_\_\_\_ Mother \_\_\_\_\_

Minority? (Yes/No) If yes, please list ethnicity: \_\_\_\_\_

Do you have other children attending other schools or colleges?

Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

**Please list the ministries of St. Aloysius Parish in which your family has involvement:**

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**Briefly describe why you feel student/s is/are qualified to receive a need-based scholarship.**

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**Please include any special family considerations and any other pertinent information  
(Very important when committee reviews application).**

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For school use only: S: \_\_\_\_\_ T: \_\_\_\_\_ B: \_\_\_\_\_