

St. Aloysius School Scholarship/Financial Aid Application 2019-2020

Please complete only one application per family.

Submit to Mary Dawson in the school office by **Friday, 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 2017 tax return AND 2018 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:

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

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

For school use only: S: _____ T: _____ B: _____