

THE PARISH SCHOOL
APPLICATION FOR FINANCIAL ASSISTANCE
For School Year 200__ - 200__
 Renewal _____ New _____

The information supplied with this application and the Financial Assistance Committee's decision are held in strict confidence.

All financial assistance and grants-in-aid are based on financial need. Therefore, parents of candidates must complete this application **in full** as well as file a confidential financial statement which includes disclosure of income tax information.

Money used for financial assistance is derived from endowed scholarships, gifts, and from current income. The School's financial assistance resources are limited and grants can be made only where there is clear evidence of need. There is no guarantee that the funds awarded this year will equal funds awarded an applicant during a previous year. Awards are based on current year funds available and the number of families applying for financial assistance, financial assistance renewals vs. new applications. Returning students on financial assistance will have priority consideration over new students.

Please provide current year (200__ - 200__) information:

Name of Student: _____ Phone No.: _____
 Class Level: _____ Tuition Amount: \$ _____
 Parents' Name: _____
 Address: _____ Zip: _____
 Student lives with: _____

Other Dependent children:

Name of Child	Age	Day Care School or College	Amount of Tuition Paid by Parents	Amount of Aid Received by Parents

Father's Occupation: _____ SS #: _____
 Business Address: _____
 Home Phone No. _____ Office Phone No. _____
 Mother's Occupation: _____ SS #: _____
 Business Address: _____
 Home Phone No. _____ Office Phone No. _____

CHILD'S NAME: _____

INCOME:

The Financial Assistance Committee requests information respective to finances of both parents. If this is not possible, a detailed explanation is requested.

SALARIES AND WAGES:

Father, Step-father, Male-guardian: _____

Mother, Step-mother, Female-guardian: _____

INTEREST AND DIVIDENDS:

Please list other income such as child support, social security benefits, gifts, trust fund, aid from relatives, friends or organizations: _____

Family Assets and Liabilities:

REAL ESTATE:

Home: (if owned) _____ Year Purchased _____ Purchase Price _____

Home mortgage balance: _____

Monthly payments (principal, interest, taxes, insurance): _____

Other Realty: _____

Please list all automobiles in your family:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Balance Owed, if applicable</u>
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Other personal property (boats, motor home, second home and approximate value, etc.):

CASH:

Checking Accounts \$ _____

Saving Accounts \$ _____

SECURITIES AND INVESTMENTS:

Stocks \$ _____

Trust Funds, 401 K, etc. \$ _____

Bonds \$ _____

Other: _____

Mutual Funds \$ _____

Certificates of Deposit \$ _____

CHILD'S NAME: _____

FAMILY ASSETS AND LIABILITIES :

Do you own a business or a farm?

Percent of ownership: _____

Assets: _____

Liabilities: _____

OTHER EXPENSES:

Monthly Rent (if applicable): _____

Personal Credit Card Debt: _____

Personal Loans _____

Vehicle Expenses _____

Home maintenance, repairs _____

Medical and dental expenses not covered by insurance: _____

Insurance costs _____

Other Therapies: _____

Charitable contributions: _____

Club Dues: _____

Vacations/camps/entertainment: _____

Other significant expenses: _____

IN VIEW OF THE FINANCIAL CIRCUMSTANCES OUTLINED ABOVE, WHAT AMOUNT OF TUITION ASSISTANCE PER MONTH IS NEEDED?

\$ _____

The Financial Assistance Committee recognizes that contributions to the school come in various forms. Parents contribute significantly to the success of the school through volunteering their time and talent. Attached is a list of various volunteer activities where you can become involved. Please indicate below the committee(s) or services you are able and willing to be involved with for the school.

For financial assistance renewals:

Which committee(s) and/or services were you actively involved in during the past school year: _____

Child's Name: _____

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The Financial Assistance Committee will welcome any further statement you may care to make which may assist it in determining the amount of financial assistance which the School should grant. Please refer to the attached letter to view other considerations of the Committee.

PARENTS' CERTIFICATION:

We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete.

Mother/Guardian

Father/Guardian

Date

Date

Please return to: The Parish School Financial Assistance Committee
Attn: Business Manager
11001 Hammerly Blvd.
Houston, Texas 77043
Telephone (713) 467-4696, Ext. 120

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