

FINANCIAL ASSISTANCE APPLICATION

Financial information will be kept confidential and reviewed by the financial assistance committee for eligibility. If you are eligible for any assistance through the school, you will be notified by the financial assistance committee via an award letter. If a program outside of the school is available, your application will be reviewed by that program.

FAMILY DATA

MOTHER'S NAME _____

MOTHER'S ADDRESS _____

MOTHER'S EMPLOYER _____

MOTHER'S OCCUPATION _____

MOTHER'S MONTHLY INCOME _____

FATHER'S NAME _____

FATHER'S ADDRESS _____

FATHER'S EMPLOYER _____

FATHER'S OCCUPATION _____

FATHER'S MONTHLY INCOME _____

ANY OTHER INCOME _____

NUMBER OF STUDENTS ATTENDING SAINT JOSEPH SCHOOL _____

A copy of your most recent tax returns and pay-stub is required.

MONTHLY EXPENSES

MORTGAGE/RENT \$ _____

UTILITIES:

WPS \$ _____ PHONE \$ _____

CABLE \$ _____ CELL PHONE \$ _____

CAR PAYMENT \$ _____ INSURANCE \$ _____

MEDICAL BILLS \$ _____ CREDIT CARD \$ _____

OTHER EXPENSES \$ _____

\$ _____

Please describe other expenses.

Please provide a brief explanation of any other circumstances that hinder your ability to pay full tuition.

All information will remain confidential - only to be reviewed by the financial assistance committee. If any clarification is needed on the information provided, you will be contacted. Thank you!