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Last Name_____

FOR OFFICE USE ONLY
Registration Fee Paid _____
Date Received_____
T. A. Awarded _____

Grade(s) _____

Parish_____

St. Ignatius Catholic School
2019-2020 School Year

FINANCIAL AID APPLICATION

This form must be completed if you are seeking financial aid.

In order to receive financial aid, your complete registration packet must be on file. Additionally, please complete this Financial Aid Application and return it by ***April 16, 2019.*** **A copy of your 2018 Federal Tax return with W-2's is required** for consideration. A letter explaining your circumstances is strongly recommended. Please complete one application per family. Answer all questions completely. Incomplete applications will be returned. Additional information or documentation may be requested.

If funds are available, there may be an additional financial assistance review later in the school year for families missing the first deadline.

ALL ACCOUNTS MUST BE CURRENT BEFORE ASSISTANCE WILL BE GRANTED

The following criteria will be used in determining financial aid:

1. Financial need. All applications received on time will be reviewed. Aid is dispersed according to need. A set amount of funding is available each year. Not all applicants will qualify for financial aid.
2. Student applicants must abide by all rules and regulations of St. Ignatius Catholic School.
3. Tuition Assistance will be revoked if terms of the Tuition Contract are not maintained and kept current.
4. A review of all applicants receiving tuition assistance will be held the first week of December to ensure compliance of terms.
5. A student who is placed on disciplinary probation at any time during the school year may **forfeit financial aid** and must reapply for future assistance.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED - FILL IN ALL LINES

SECTION 1: APPLICANT AND CO-APPLICANT INFORMATION

	Applicant: Parent or Guardian	**Co-Applicant: Spouse or Other Adult Living in Household**
Name	_____	_____
Address	_____	_____
City/State/Zip Code	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____ _____
Cell Phone	_____	_____
Place of Employment	_____	_____ _____
Occupation	_____	_____
E-mail Address	_____	_____
Employment Status:	Full-time Part-Time Stay-at-Home Self-Employed Unemployed Disabled Retired Student	Full-time Part-Time Stay-at-Home Self-Employed Unemployed Disabled Retired Student
Relationship to Student:	Father Mother Stepfather Stepmother Legal Guardian Grandfather Grandmother Other_____	Father Mother Stepfather Stepmother Legal Guardian Grandfather Grandmother Other_____

Marital Status: Married Single Divorced Separated Widowed
(If married, co-applicant information is required)

DIVORCED or SEPARATED PARENTS: This form is to be completed by the parent responsible for the student's educational expenses. Shared responsibility requires an application from both parents.

AMOUNT OF ANNUAL ASSISTANCE NEEDED $_____ **(Must be filled in to be considered for assistance)**

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments. $_____

Tuition Support anticipated from friends/relatives/employer $_____

SECTION 2: STUDENT AND OTHER DEPENDENT INFORMATION

Size of Household: Number of Adults living in this household_____

Number of children 12th grade (2019/20) or younger living in this household_____

Number of college students for whom you have financial responsibility_____

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Beginning with your St. Ignatius students, list all dependent children 12th grade or younger who reside in your home. Please provide 2019-2020 school year information				
Name	**School**	**Grade**	**Your Expected Tuition**	**Portion of year spent in your home**
			$	%
			$	%
			$	%
			$	%
			$	%

SECTION 3: APPLICANT AND CO-APPLICANT INCOME INFORMATION

	Taxable Income for 2018	**Applicant**	**Co-Applicant**	**Tax Forms**
TAXABLE	2018 Wages from 2018 Federal tax return	$	$	Attach form 1040 with W-2s
	Do you own a business?	Yes No $	Yes No $	If yes, attach Schedule C or C-EZ and Form 4562 Depreciation and Amortization
	Do you own a farm?	Yes No $	Yes No $	If yes, attach Schedule F and Form 4562 Depreciation and Amortization
	Do you own rental property?	Yes No $	Yes No $	If yes, attach Schedule E and Form 4562 Depreciation and Amortization
	Do you own an S Corporation?	Yes No $	Yes No $	If yes, attach Schedule E, Form 1120S (4 pages), Schedule K-1, Form 8825
	Do you own a partnership?	Yes No $	Yes No $	If yes, attach Schedule E, Form 1065 (5 pages), Schedule K-1, Form 8825
	Do you own estates and trusts?	Yes No $	Yes No $	If yes, attach Schedule E, Form 1041 (5 pages), Schedule K-1

	Non-Taxable Income for 2018	**Applicant**	**Co-Applicant**
NON-TAXABLE	Child Support	$	$
	Social Security benefits received that were not taxed, such as SSI	$	$
	Temporary Assistance for Needy Families (TANF)	$	$
	Welfare and/or Aid for Families with Dependent Children (ADFC/ADC)	$	$
	Food Stamps	$	$
	Worker's Compensation	$	$
	Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, Deployment, etc.)	$	$

	2019 Change of Income	Applicant	Co-Applicant
CHANGE	Do you anticipate a change in your 2019 household income? If yes, please list the reasons and amounts below. Examples include: promotion, raise, second job, Increased /decreased hours, unemployed, expect to be unemployed, retirement, military reasons, medical reasons, death of spouse, loss of alimony, divorce, loss of non-taxable income from above.	Yes No	Yes No
		+ or - $	+ or - $
		+ or - $	+ or - $
		+ or - $	+ or - $
		+ or - $	+ or - $

SECTION 4: APPLICANT AND CO-APPLICANT EXPENSE/LIABILITY/ASSET INFORMATION

HOME	Do you:	Monthly Rent or Mortgage (include principal, interest, taxes and home insurance)	Estimated Home Value	Amount you Owe	Monthly home equity loan payments
	Rent?	$			
	Own Your Primary Residence?	$	$	$	$
	Own a Second Home? (Do not include Rental property)	$	$	$	$
	Other? (please explain)				

AUTO	Vehicle #	Make/Model	Monthly Payment	Value
	1		$	$
	2		$	$
	3		$	$
	4		$	$

MEDICAL			
	Monthly health insurance premiums paid directly to the insurance company (do NOT include premiums paid through your employer via payroll deductions or premiums that are deducted on your tax return)	$	
	Out of Pocket Medical Expenses not paid by insurance	Total: $	Monthly Payment: $
	Elder Care Expenses	Number of people for whom you pay elder care expenses: _____	Total amount you expect to pay this year: $
	Do you anticipate large medical expenses this coming year? Yes No If Yes, please explain:		

OTHER		Total	Monthly Minimum Payment
	Total All Credit Card Debt (Do not include balances that are paid in full each month)	$	$
	Child Support Payments (Applies only to parent paying child support. Do not include amount received here)		$
	Other Monthly Loan Payments: _____	$	$
	Other Monthly Loan Payments: _____	$	$
	Other Monthly Loan Payments: _____	$	$
	Any other monthly payment you feel we need to be aware of? Yes No If Yes, please explain:		

ASSETS		
	Value of cash, savings, and/or checking accounts	$
	Value of stocks, bonds investments, mutual funds, and/or certificates of deposit (not retirement)	$
	Value of retirement plan assets – 401(k), 403(b), and/or IRAs	$
	What is your and/or your spouse's annual contribution to retirement plan assets?	$

SIGNATURES:

I (we) declare that the information provided is true and complete.

Parent or Guardian (Applicant)_____**Date**_____

Spouse (Co-Applicant)_____ **Date**_____

Thank you for completing this application.
All information is kept confidential and will only be reviewed by the Financial Committee.
Please block out all Social Security Numbers and Bank Account Information on the Tax Forms you submit.
You may be contacted if clarification is needed.
Notice of the Financial Aid Committee's decision will be sent in May.

EXPLANATION OF SPECIAL CIRCUMSTANCES	**Please list any additional information that you feel will help us in determining your financial aid. Attach an additional sheet if needed.**