

**HOLY SPIRIT CATHOLIC SCHOOL**  
**Financial Aid Application**  
**2018-19**

**PERSONAL & CONFIDENTIAL**

Scholarship assistance applies to grades First through Eighth grade, this does not include Kindergarten or Pre-Kindergarten. This application is designed to help you in your request for financial aid. It must be completed in its entirety. Any requests that are returned incomplete will not be considered.

**\*\*This application with your answers will be kept in strictest confidence.**

**\*\*Please feel free to use the back of this application or attach additional paper if you need more room when answering the following questions.**

**PARENT/GUARDIAN INFORMATION**

NAME OF RESPONSIBLE PARTY \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Telephone No. \_\_\_\_\_

**FAMILY INFORMATION**

**Please list the name age and grade of the child/ren that would be attending Holy Spirit Catholic School.**

\_\_\_\_\_  
Name Age Grade

\_\_\_\_\_  
Name Age Grade

\_\_\_\_\_  
Name Age Grade

\_\_\_\_\_  
Name Age Grade

**CURRENT FAMILIES PLEASE COMPLETE -**

Has your family received financial assistance in the past? Yes\_\_ No\_\_

- 1) Did you complete your Service Hour requirement for the 2017/2018 school year?  
Yes\_\_\_\_ No \_\_\_\_\_ If yes, please complete the Service Hour form at the end of this application.
- 2) If you did not complete your Service Hour requirement, please explain why:

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**Each family that receives financial aid will be required to complete their 20 hours of service that is required of all families plus, an ADDITIONAL 20 hours to help offset the cost of the financial aid given.**

Religious Affiliation: Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_ Other:\_\_\_\_\_

Are you a **registered** member of Holy Spirit Catholic Community Church? Yes\_\_ No\_\_

Do you meet the following qualifications to receive the **Contributing Catholic Rate**?  
Yes \_\_\_\_\_ No \_\_\_\_\_

1. Parents/Guardians and student must be REGISTERED members of Holy Spirit Catholic Community.
  2. Students must attend weekend and holy day masses on a regular basis.
  3. There must be regular financial contributions, THROUGH THE USE OF PARISH ENVELOPES.

Are you or your student involved in any Parish ministries? If so, please list:

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**FINANCIAL INFORMATION**

What is your 2017 adjusted gross income?    \$ \_\_\_\_\_

Do you receive Child Support?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes how much monthly? \_\_\_\_\_

In reference to the above stated income, do you expect any changes in the near future or during the rest of this current school year?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monthly expenses:**

Mortgage/Rent \_\_\_\_\_

Car payment    \_\_\_\_\_

Insurance:

    Medical    \_\_\_\_\_

    Car    \_\_\_\_\_

Utilities    \_\_\_\_\_

Medical Bills    \_\_\_\_\_

Legal Fees    \_\_\_\_\_

Student Loans    \_\_\_\_\_

**Total of monthly expenses:** \_\_\_\_\_

Does anyone else in your household earn income and contribute to monthly expenses?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Do you qualify for food stamps or other welfare assistance? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Does someone else help pay your tuition? \_\_\_\_\_ Yes    \_\_\_\_\_ No

List total number of household members: \_\_\_\_\_

Do you have any special circumstances affecting your income such as caring for parents, grandparents, etc.? \_\_\_\_\_

According to the attached tuition schedule how much of the yearly tuition do you feel you can afford to pay? \_\_\_\_\_ yearly total \_\_\_\_\_ per month

Please explain:

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A copy of the front and back of your 2017 tax forms (attached schedules not necessary) **MUST BE INCLUDED** with this application for financial aid to be considered.

I confirm that the information included in this application is true to the best of my knowledge. I understand that any incorrect information may result in my application for assistance being denied.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\*\*\*Additional information may be requested.

\*\*Note: Financial aid is awarded based on available funds and financial need.

HOLY SPIRIT CATHOLIC SCHOOL  
 RECORD OF SERVICE HOURS \_\_\_\_\_ SCHOOL YEAR

FAMILY NAME: \_\_\_\_\_

Date	Type of Service	# Hrs.	Running Total

\*For more details, please refer to the Student/Parent Handbook Service Hours Policy