



FOUNDATION FOR ADVANCEMENT OF CHRISTIAN EDUCATION

St. John's Academy Financial Aid Application F.A.C.E. 2021-22

Due May 3, 2021

Please attach a copy of 2020 Tax Return OR INDICATE: EXTENSION FILED \_\_\_\_\_

Parent(s) \_\_\_\_\_

Cell/Home phone:: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Religion: \_\_\_\_\_

C/S/Z: \_\_\_\_\_

Parish: \_\_\_\_\_

NUMBER IN HOUSEHOLD: \_\_\_\_\_

STUDENT(S) APPLYING FOR AID:

OTHER CHILDREN LIVING AT HOME:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_
Name: \_\_\_\_\_ Age: \_\_\_\_\_
Name: \_\_\_\_\_ Age: \_\_\_\_\_
Name: \_\_\_\_\_ Age: \_\_\_\_\_

INCOME

ACTUAL 2020

PROJECTED 2021

Gross income: (Form 1040, Line 22)
Social Security:
Child Support:

\$ \_\_\_\_\_
\$ \_\_\_\_\_
\$ \_\_\_\_\_

\$ \_\_\_\_\_
\$ \_\_\_\_\_
\$ \_\_\_\_\_

TOTAL FAMILY INCOME

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Financial Circumstances

Please list any financial factors that play a part in your family's ability to attend St. John's Academy. Please attach sheet if more space is needed.

Signature of Parent(s)

DATE

OFFICE USE ONLY

Family Commitment: \_\_\_\_\_

Signature/ FACE Allocation Committee

FACE Allocation : \_\_\_\_\_