

ST. ROSE OF LIMA SCHOOL FINANCIAL ASSISTANCE APPLICATION

Student Name: _____

Family Size: _____

Grade: _____

Adults: ____ Children: ____

Sources of Financial Aid: Financial assistance is available from the **St. Rose of Lima/John DeStephano Scholarship Fund**. Applications must be returned by Thursday, **May 1, 2017**.

Instructions for completing the St. Rose Financial Aid Application: Please complete and sign the Financial Aid Application and hand it in with all the required documentation. Because annual income may not give an adequate financial picture, additional information on family expenses will be requested. All information is confidential. If you have any questions, please call the School Office at 717-792-0889. The following should be mailed to the address below:

Check as you complete:

- Complete and Sign Application
- My tax documentation is already on file for the Neumann Scholarship through FACTS. Therefore, I do not need to attach any tax forms.
- Attach a copy of your most recent FORM 1040, 1040A, or 1040EZ
- Attach a copy of your most recent W2 and/or W9 Forms
- Attach any other documentation that you feel is relevant

Application should be returned to school or sent to:

ATTN: Financial Assistance Application
St. Rose of Lima Church
950 West Market St.
York, Pa 17401

We/I certify that all the information provided is true and complete to the best of our/my knowledge. We/I understand that all requested materials must be attached in order for the application to be processed, and that the application will not be processed if it is incomplete.

Date

Signature(s) of parent(s)/guardian(s) (must be signed)

Parent(s) Name: _____

Street Address: _____

City, State, Zip: _____

Phone No: _____

FOR OFFICE USE ONLY:

AMOUNT \$ _____

PART I – STUDENT APPLICATION INFORMATION

1st Last _____ First _____ M.I. _____ () Male () Female Student
Number _____

2nd Last _____ First _____ M.I. _____ () Male () Female Student
Number _____

3rd Last _____ First _____ M.I. _____ () Male () Female Student
Number _____

Home Address: _____ Phone: () _____

City _____ State _____ Zip _____

Student lives with: () Father () Mother () Stepfather () Stepmother () Guardian () Other

Father: () Living () Deceased () Disabled **Mother:** () Living () Deceased () Disabled

Religion () Catholic: if so what parish: _____ () Non Catholic

PART II – PARENT INFORMATION

(Father, Stepfather, Male Guardian)

(Mother, Stepmother, Female Guardian)

Name: _____

Name:

Address _____

Address

Occupation: _____

Occupation:

Title: _____ Years with Firm _____
Firm _____

Title: _____ Years with

Employed By: _____ FT/PT
_____ FT/PT

Employed By:

Marital Status () Married () Single () Divorced
() Divorced

Marital Status () Married () Single (

() Widowed () Separated () Remarried

() Widowed () Separated () Remarried

Part III – EXPENSE SUMMARY

Please list all expenses and average monthly payments that you incur during the year:

Part IV – FAMILY DATA

List all dependent children including student applicants listed above and any other dependent adults in your household to be supported by you. Please list applicant(s) first. If you need additional space, please use a separate sheet of paper.

Full name	Age	Present School/Grade	Total Cost/Year	Amt Pd by you	Amt pd by Grant/Financial Aid
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1. _____

2. _____

3. _____

Part V – ANNUAL INCOME/EXPENSES

If you were required to file an IRS FORM 1040, 1040A, 1040EZ, then you **MUST REMIT** a signed copy of your most recent completed tax return and complete Section A, C and the last page.

If you are not required to file a federal tax return, then complete Sections B, C and the last page.

A. Total Income from Tax Return:

Other Income and Benefits:

Social Security	\$ _____
Aid to Families with Dependent Children	\$ _____
Child Support Received for All Children	\$ _____
D.P.A. Welfare Benefits	\$ _____
Workers Compensation and/or Disability Benefits	\$ _____
Other (specify) _____	\$ _____
TOTAL OTHER INCOME	\$ _____

B. We have **Not Filed and **Will Not File** an Income Tax Return 1040, 1040A, 1040EZ for the last tax year. Listed below are sources of income and the amount that were used to support living expenses last year. (If you completed section A on the previous page, do NOT complete this section.)**

Father's Earned Income	\$ _____
Mother's Earned Income	\$ _____
Interest Dividend Income	\$ _____
Business Income	\$ _____
Social Security	\$ _____
Aid to Families with Dependent Children	\$ _____
Child Support Received for All Children	\$ _____
D.P.A. Welfare Benefits	\$ _____
Unemployment Compensation	\$ _____
Worker's Compensation and/or Disability Benefits	\$ _____
Other (specify) _____	\$ _____

Total Income Received: Parents Not Required to File Tax Return: \$ _____

C. Total Cash, Savings, and Checking Account Balance: \$ _____

Total Investments (stocks, bonds, etc) \$ _____

TOTAL CASH BALANCES AND INVESTMENTS: \$ _____

What is the yearly amount of money that you feel your family can provide for your child(ren)'s education at

St. Rose of Lima School? \$ _____

Please feel free to submit additional information that you feel is relevant to your application. This may include unusual financial circumstances in your family or other unusual financial considerations. You may write on this page or attach a separate letter.