

# ST. THERESA SCHOOL STUDENT AID FORM 2011-2012

*(Please print clearly and neatly in pen)*

**Parent, Guardian or Other Adult  
Responsible for tuition:**

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responsible for tuition:**

Check one:  Father  Mother  Guardian  Other Adult

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\_\_\_\_\_  
Last Name                  First Name                  Middle Initial

\_\_\_\_\_  
Last Name                  First Name                  Middle Initial

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone    email address

\_\_\_\_\_  
Home Phone    email address

\_\_\_\_\_  
Occupation    Work Phone

\_\_\_\_\_  
Occupation    Work Phone

\_\_\_\_\_  
Employed By    How long?

\_\_\_\_\_  
Employed By    How long?

**Dependents (Do not leave blank):**

Last Name	First Name	Age	Name of School Student Plans to Attend (incl. St. Theresa)	Grade in the Fall / 2011	Applying for Aid? Yes / No	Amount I/We Feel I/We can pay toward Tuition	Tuition Charged Annually	Room and Board (college students)

**Household Information:**

1. Number of individuals who will reside in your household during the 2010-2011 school year

Parents/Guardians  Children  Other

Please explain "other": \_\_\_\_\_

2. Current marital status/housing arrangement of parent/guardian

Single  Married  Divorced  Widowed  Remarried  Separated  Other: \_\_\_\_\_

\*If tuition is shared, each responsible party must complete a Student Aid Form.

Questions 3 to be completed by divorced, separated or single parents:

3. Do you receive or pay child support?

Receive \$ \_\_\_\_\_ per year

Pay \$ \_\_\_\_\_ per year

Neither

**Unusual Circumstances:**

**Explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information:**

The 2010 Federal Tax Return for student's household was:  filed  not yet filed  I/We do not file

	Actual 2010	Estimated 2011
<b><u>Income:</u></b>		
Net Salaries and Wages	\$ _____	\$ _____
Father or Stepfather or Guardian	\$ _____	\$ _____
Mother or Stepmother or Guardian	\$ _____	\$ _____
<b>Other Income:</b>		
Social Security and/or Pension	\$ _____	\$ _____
Welfare, AFDC, Food Stamps, etc.	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Alimony and/or Child Support	\$ _____	\$ _____
Supplemental Security Income	\$ _____	\$ _____
Received from Other Household Members	\$ _____	\$ _____
Investment Accounts (i.e. IRA, Roth CD, Stocks, Annuities...)	\$ _____	\$ _____
Real Properties (Approximate equity amounts)	\$ _____	\$ _____
<b>A. Total Net Income:</b>	\$ _____	\$ _____

**Expenses:**

Actual (unsubsidized) Annual Rent	\$ _____	\$ _____
Annual Mortgage Payment	\$ _____	\$ _____
Health Insurance and/or Health Related Expenses	\$ _____	\$ _____
Emergency Expenses ("Unusual Circumstances")	\$ _____	\$ _____
Alimony and/or Child Support	\$ _____	\$ _____
<b>B. Total Expenses:</b>	(\$ _____)	(\$ _____)

**VERIFICATION REQUIRED IN ORDER TO QUALIFY FOR GRANT CONSIDERATION.**

**Please attach copies of 2010 Federal Income Tax Return (Form 1040 or 1040A), Welfare Eligibility Confirmation (either sticker or statement from Social Services Agency).**

**I/We declare that the information on this form is true, correct and complete to the best of my/our knowledge.**

**Parent/Guardian** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Dated:** \_\_\_\_\_

