



STUDENT AID SUPPLEMENTARY INFORMATION

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

Check all that apply:

- Father Mother Guardian Other

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Responsible for tuition:**

Check all that apply:

- Father Mother Guardian Other

First Name	_____	_____
Last Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Email Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Occupation	_____	_____
Business Phone	_____	_____
Employer	_____	_____
How Long?	_____	_____

Status of Parent(s), Guardian or Other Adult:

- Register, Active and Participating St. Theresa Parishioner
- Out of Parish Catholic Registered, Active and Participating at _____ Church
- Non Catholic

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 Supplementary Information Form.*

Work Status: Two Income Single Income

Children in other Catholic Schools: Yes No

Children in College: Yes No

Household Information:

Number of individuals who will reside in your household during the current school year

Parents/Guardians____ Children____ Other____

Please explain: _____

Dependents: (Do not leave blank)

LAST NAME	FIRST NAME	AGE	GRADE IN FALL	SCHOOL STUDENT TO ATTEND OR PLANS TO ATTEND	TUITION (ANNUAL)	ROOM & BOARD (COLLEGE)	APPLY FOR AID? YES / NO	AMOUNT WE CAN PAY TOWARD TUITION

Unusual Circumstances: (Please check as they apply)

- Loss of Job Income reduction Bankruptcy High debt Recent

Separation/divorce

- Shared custody Child support reduction College expenses Medical/Dental expenses Death in the family

Additional Information:

State briefly your reason for requesting this tuition grant, and please add any information that will be helpful in the evaluation of your request. (Attach additional information as needed)

Divorced, Separated or Single Parents (to be completed by parent or Guardian listed in first section)

- Date of Separation (Month/Year) _____ Date of divorce (Month/Year) _____ Non Custodial parent

Do you receive or pay child support?

- Receive (per year) \$ _____ Pay (per year) \$ _____ Neither

Who claimed student as a tax dependant in previous tax year? _____ Tax Year: _____

Who is responsible for dependant's tuition*? _____

Name of Father/Guardian _____ % of support _____

Name of Mother/Guardian _____ % of support _____

**If tuition is shared, each responsible party must complete a Supplementary Information Form and a copy of court document indicating financial responsibility.*

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

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

To be completed by the School:

PSAS FORM SUBMITTED: Yes No