

**CONFIDENTIAL APPLICATION FOR GRANT-IN-AID PROGRAM
ST. GREGORY SCHOOL 2020-2021**

PLEASE PRINT THIS FORM AND RETURN IT TO SCHOOL WITH YOUR TAX DOCUMENTATION.

Please submit one application per family. Applications must be received by **September 14, 2020**. Please attach a copy of each parent's most recent tax return (form 1040) to this application. If parents are separated or divorced, attach a tax return of the parent with whom the child resides. If remarried, also include the tax return of the new spouse.

FAMILY INFORMATION

Father's Name _____ Occupation _____

Employer _____

Mother's Name _____ Occupation _____

Employer _____

Child/ren's Address _____ City/State _____ Zip _____

Parish _____

CHECK ANY THAT APPLY:

Student lives with: Father _____ Mother _____ Step-Father _____ Step-Mother _____

Parents separated _____ Parents Divorced _____ Father Deceased _____ Mother Deceased _____

LIST ALL DEPENDENT CHILDREN BELOW:

| NAME | AGE | SCHOOL | GRADE | FINANCIAL AID ALREADY RECEIVED |
|------|-----|--------|-------|--------------------------------|
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TOTAL PRE-TAX INCOME 2019 : Father \$ _____ Mother \$ _____ Total

\$ _____

TOTAL PRE-TAX INCOME 2020 : Father \$ _____ Mother \$ _____ Total

\$ _____

(estimate)*

*please describe on the reverse any significant change in income, if any, for this year.

ASSETS

HOME: Present Market Value \$ _____ Unpaid Mortgage \$ _____ Rent Paid: \$ _____

OTHER REAL ESTATE: Type _____ Present Market Value \$ _____

BANK ACCOUNTS:(Please list the amounts as of the date of filing) **Savings** \$ _____ **Checking** \$ _____

VEHICLES (Year and Model) _____ Amount Owed/Leased \$ _____

LIABILITIES

List the source and amount of any extraordinary expenses, such as medical bills not covered by insurance, etc.
(Do not list debts such as department store charge accounts, credit cards, etc.)

SOURCE OF DEBT: _____

AMOUNT OWED: \$ _____

REMARKS: Please list below or attach a listing of any extenuating circumstances, i.e. illness, unemployment, etc. that would aid in the process of determining financial need.

I declare to the best of my knowledge that the information on this form is true and correct.

Applicant's Signature _____ **Date:** _____

CONFIDENTIALITY: All information on this application will be treated in strict confidence. We ask that you keep in private any and all aid that you may receive.