This form is due in the Main Office of Ursuline High School no later than March 1, 2026

URSULINE HIGH SCHOOL - FINANCIAL AID FORM

Instructions: This form should be completed by the custodial parent or legal guardian and a separate form should be completed for each individual child. Answer all questions. When completed, the form should be notarized and returned to Ursuline High School. Families interested in need based aid must also complete the **FACTS** application online at www.ursuline.com under Admissions. This application and the FACTS application is not required to be eligible for EdChoice.

A. Student Information: The following information pertains to the student for whom you are seeking financial aid.

1. _____ 2. _____
   Last Name **First Name** **Date of Birth**
3. _____
   Street Address **City** **State** **Zip**
4. Grade student will enter next fall: 9 10 11 12
5. _____ 6. _____
   Elementary School **Parish/Church**
7. Academic Honors/Awards: _____

_____

_____

_____

B. Work-Study Information: If your child is interested in being considered for a work-study grant, please complete the following. **The only positions available are cafeteria work. Cafeteria work is scheduled in place of a student's study hall.**

_____ I am interested in my child working in the cafeteria.

C. Household Information: The following information is related to the household in which the student resides.

1. Father/Stepfather/Legal Male Guardian

_____
Last Name First Name

_____
Address

_____
City State Zip

_____
Home Phone # Work Phone #

_____
Occupation

_____
Employer How long?

2. Mother/ Stepmother/Legal Female Guardian

_____
Last Name First Name

_____
Address

_____
City State Zip

_____
Home Phone # Work Phone #

_____
Occupation

_____
Employer How long?

3. Family Size (Number of family members residing in the household.) _____

4. Household Income. Please give **gross annual income** figures. Use the latest tax return.
Tax return year: 2023 or 2024 (circle)4

a. Income of father, stepfather, male guardian $_____

b. Income of mother, stepmother, female guardian $_____

c. Other income (e.g., interest, rental property, alimony) $_____

d. Child Support $_____

e. Welfare (AFDC/ADC), Social Security, TANF $_____

f. Worker's Compensation $ _____

g. Other _____ $_____

Total $_____

5. Divorced/Separated Parents

a. Date of Divorce/Separation _____
b. Name of Non-custodial Parent _____
c. Address _____
d. City, State, Zip _____
e. Occupation _____ f. Employer _____

D. Special Circumstances: Use this space to describe any circumstances that you feel should be considered as relevant when determining the amount of financial aid to be awarded to your child.

_____

_____

_____

_____

I affirm that the information on this application is accurate and true to the best of my knowledge and if requested by Ursuline High School or the Marie and Frank J. Bowers Scholarship Trust Governing Board, I shall submit my Federal Income Tax Form 1040.

_____ _____

Signature of Parent(s) or Legal Guardian(s)

Sworn to and subscribed in my presence on this _____ day of _____ , 20_____ , at _____ County, State of _____ .

_____

Notary Signature