

This form is due in the Main Office of Ursuline High School no later than March 19.

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.

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. **Take into consideration the following information. Work after school conflicts with athletic practice schedules. Students who work during the summer may not be able to attend summer school. Cafeteria work is scheduled in place of a student's study hall. On-call workers are "on-call" and scheduled by the custodian to report on some Saturday mornings, some days during school vacations, and some evenings as needed. Check all times that your child would be willing and able to work.**

_____ Before school (7:00 A.M. - 7:45 A.M.) _____ Cafeteria (Lunch Time)

_____ After school (2:30 P.M. - 3:15 P.M.) _____ Summer (8:30 A.M. - 2:30 P.M.)

_____ On-call Crew (Boys only; on call some Saturdays and vacation days)

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 latest tax return or estimate.

- 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 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 last year's 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