This form is due in the Main Office of Ursuline High School no later than March 20, 2020

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

3. ________________________________________________________________________________
   Street Address  City

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 cannot 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.

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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