

# **FINANCIAL SCHOLARSHIP AID APPLICATION**

For the School Year Beginning Fall \_\_\_\_\_

**Information that must be included in order for your application to be complete:**

- **Completed copy of application form**
- **Copy of your most recent IRS Federal Form 1040 or 1040A**
- **Copy of your most recent W-2 Wage and Tax Statements**

**SAINT BERNARD SCHOOL**

**191 North Cass Street  
Wabash, IN 46992**

# Applicant & Co-Applicant Information

## 1. Applicant Information: Parent or Guardian:

Name: Last _____ First _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone #: _____ Evening Phone #: _____
E-mail Address: _____
Social Security #: _____ Date of Birth: _____
Employment Status: _____ Full-Time _____ Part-Time _____ Self-Employed _____ Stay at Home Select One _____ Unemployed _____ Disabled _____ Retired _____ Student
Relationship to Student: _____ Father _____ Mother _____ Stepfather _____ Stepmother Select One _____ Legal Guardian _____ Grandfather _____ Grandmother _____ Other
Current Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed
Occupation: _____
Place/Address of Worship: _____ I do not attend a place of worship.
Religious Affiliation: _____ Baptist _____ Catholic _____ Jewish _____ Lutheran _____ Muslim _____ Other Christian _____ Other Non-Christian

## 2. CO-APPLICANT INFORMATION: Parent or Guardian (If current marital status is married, co-applicant information is required.)

Name: Last _____ First _____
Social Security #: _____ Date of Birth: _____
Employment Status: _____ Full-Time _____ Part-Time _____ Stay at Home _____ Self-Employed Select One _____ Unemployed _____ Disabled _____ Retired _____ Student
Relationship to Student: _____ Father _____ Mother _____ Stepfather _____ Stepmother Select One _____ Legal Guardian _____ Grandfather _____ Grandmother _____ Other
Occupation: _____ Employer: _____
Religious Affiliation: _____ Baptist _____ Catholic _____ Jewish _____ Lutheran _____ Muslim _____ Other Christian _____ Other Non-Christian

SAINT BERNARD SCHOOL, 191 NORTH CASS STREET, WABASH, IN 46992

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Child's Social Security #: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Child's Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Fall 200 \_\_\_\_\_)

Child's Ethnic Background: \_\_\_\_\_ Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian  
Select One \_\_\_\_\_ American Indian \_\_\_\_\_ Other

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding (do not include child support payments). \$ \_\_\_\_\_

Annual Tuition: \$ \_\_\_\_\_ How much do you estimate you \$ \_\_\_\_\_  
and/or your spouse can pay  
toward this child's tuition annually?

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Child's Social Security #: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Child's Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Fall 200 \_\_\_\_\_)

Child's Ethnic Background: \_\_\_\_\_ Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian  
Select One \_\_\_\_\_ American Indian \_\_\_\_\_ Other

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding (do not include child support payments). \$ \_\_\_\_\_

Annual Tuition: \$ \_\_\_\_\_ How much do you estimate you \$ \_\_\_\_\_  
and/or your spouse can pay  
toward this child's tuition annually?

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Child's Social Security #: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Child's Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Fall 200 \_\_\_\_\_)

Child's Ethnic Background: \_\_\_\_\_ Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian  
Select One \_\_\_\_\_ American Indian \_\_\_\_\_ Other

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding (do not include child support payments). \$ \_\_\_\_\_

Annual Tuition: \$ \_\_\_\_\_ How much do you estimate you \$ \_\_\_\_\_  
and/or your spouse can pay  
toward this child's tuition annually?

**If more than three entries, photocopy this page and insert.**

# APPLICANT AND CO-APPLICANT INCOME INFORMATION

Size of household: \_\_\_\_\_ # of adults living in this household: \_\_\_\_\_ # of children living in this household: \_\_\_\_\_

Do you file a federal income tax return? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

Does the co-applicant file a federal income tax return? \_\_\_\_\_ Yes, files jointly with applicant \_\_\_\_\_ No  
 \_\_\_\_\_ Yes, files separately from applicant

**Taxable Income:**.....If none, enter "0"

What was your estimated total income for 200\_\_\_\_? \$ \_\_\_\_\_ .00  
 What was the co-applicant's estimated total income for 200\_\_\_\_? \$ \_\_\_\_\_ .00

- Do you own any of the following?
- a. Business – Attach Schedule C or C-EZ (Form 1040) \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b. Farm – Attach Schedule F (Form 1040) \_\_\_\_\_ Yes \_\_\_\_\_ No
  - c. Rental Property – Attach Schedule E (Form 1040) \_\_\_\_\_ Yes \_\_\_\_\_ No
  - d. S Corporation – Attach Schedule E (Form 1040, Form 1120S & Schedule K-1) \_\_\_\_\_ Yes \_\_\_\_\_ No
  - e. Partnership – Attach Schedule E (Form 1040, Form 1065 & Schedule K-1) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Non-taxable Income:**

Income is received (select only one) If none, enter "0"

- a. Child support received \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_
- b. Social Security benefits received not taxed \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_
- c. Temporary Assistance for Needy Families \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_
- d. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_
- e. Food stamps \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_
- f. Tuition support anticipated from friends/relatives \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_
- g. Workers' Compensation \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_
- h. Other nontaxable income \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \$ \_\_\_\_\_

**Change of Income:**

Do you anticipate a decrease in your 200\_\_\_\_ household income? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, complete the following questions:

What do you anticipate your income to be for the coming year? \$ \_\_\_\_\_ .00

What do you anticipate your spouse's income to be for the coming year? \$ \_\_\_\_\_ .00

Your income will be reduced in the coming year for the following reason(s). Select all that apply.

**Applicant:**

**Co-Applicant:**

- \_\_\_\_\_ Unemployed or expect to be unemployed
- \_\_\_\_\_ Will have reduced hours
- \_\_\_\_\_ Plan to take a job at a lower wage rate
- \_\_\_\_\_ Exiting the workforce & plan to work at home
- \_\_\_\_\_ Filing for legal separation or divorce
- \_\_\_\_\_ Plan to retire
- \_\_\_\_\_ Medical reasons
- \_\_\_\_\_ Death of a spouse
- \_\_\_\_\_ Increase in family size
- \_\_\_\_\_ Loss of alimony or spousal support
- \_\_\_\_\_ Military reasons
- \_\_\_\_\_ Other: \_\_\_\_\_

- \_\_\_\_\_ Unemployed or expect to be unemployed
- \_\_\_\_\_ Will have reduced hours
- \_\_\_\_\_ Plan to take a job at a lower wage rate
- \_\_\_\_\_ Exiting the workforce & plan to work at home
- \_\_\_\_\_ Filing for legal separation or divorce
- \_\_\_\_\_ Plan to retire
- \_\_\_\_\_ Medical reasons
- \_\_\_\_\_ Death of a spouse
- \_\_\_\_\_ Increase in family size
- \_\_\_\_\_ Loss of alimony or spousal support
- \_\_\_\_\_ Military reasons
- \_\_\_\_\_ Other: \_\_\_\_\_

## EXPENSE INFORMATION, ASSETS AND LIABILITIES

<b>Current MONTHLY Expenses:</b>	<b>Monthly Expenses – If none, enter “0”</b>
Do you rent or own your primary residence?	_____ Rent _____ Own _____ Other
Monthly rent or mortgage payment? (include principal, interest, taxes & home insurance)	\$ _____ .00
Do you own a second home (not including rental property)? If yes, what is the monthly mortgage payment on your home (include principal, interest, taxes & home insurance)	_____ Yes _____ No \$ _____ .00
Monthly home equity loan payments?	\$ _____ .00
Vehicle information: complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than 3 vehicle, photocopy form & insert)	
<b>Monthly Vehicle Payment – If none, enter “0”</b>	
Vehicle #1: _____ Make/Model/Year	\$ _____ .00
Vehicle # 2: _____ Make/Model/Year	\$ _____ .00
Vehicle # 3: _____ Make/Model/Year	\$ _____ .00
Total credit card debt?	\$ _____ .00
Total combined minimum credit card payments per month?	\$ _____ .00
Monthly student loan payments?	\$ _____ .00
Do you have other monthly loan payments? (do not include cell phone, utilities, or other living expenses). If yes, please list below. (If additional space is required, photocopy form & insert)	
<b>Monthly Loan Payment – if none, enter “0”</b>	
Loan #1: _____	\$ _____ .00
Loan #2: _____	\$ _____ .00
Loan #3: _____	\$ _____ .00
Monthly child support payments?	\$ _____ .00
<b>Health Insurance Expenses:</b>	
Is your health insurance paid 100% through your employer? If no, list the health insurance premium(s) paid per month, either by payroll deduction as indicated on the pay stub or paid directly to the insurance company.	_____ Yes _____ No \$ _____ .00
<b>Current ANNUAL Expenses:</b>	
Annual vehicle insurance expense?	\$ _____ .00
Total annual out-of-pocket medical expenses not paid by insur.?	\$ _____ .00
Charitable contributions – cash or checks – per year?	\$ _____ .00
<b>College expenses:</b>	
Number of family members attending college beginning the fall of 200_____?	_____
Total amount of family’s out-of-pocket cost for college. (total tuition less student loan proceeds, scholarships, grants & financial aid, and contributions expected from student earnings.	\$ _____ .00

**EXPENSE INFORMATION, ASSETS AND LIABILITIES CONTINUED....**

**Child/Day care expenses:**

Number of children for whom you pay child/day care expenses beginning fall 200 \_\_\_\_? \_\_\_\_\_  
Total amount of child/day care expenses expected this year? \$ \_\_\_\_\_ .00

**Elder care expenses:**

Number of people for whom you pay elder care expenses? \_\_\_\_\_  
Total amount of elder care expenses expected this year? \$ \_\_\_\_\_ .00

Value of cash, savings, and/or checking accounts? \$ \_\_\_\_\_ .00

Value of stock & bond investments, mutual funds, retirement plan assets – 401(k) and IRAs? \$ \_\_\_\_\_ .00

If you own your home, the estimated value? \$ \_\_\_\_\_ .00

If you own a second home, the estimated value? Do not include rental property. \$ \_\_\_\_\_ .00

If you own a second home, the amount you owe? \$ \_\_\_\_\_ .00

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