

Request for Financial Aid – Fall 2016
Parent/Guardian Form
Diocese of El Paso Education Assistance Fund

School(s) of Attendance: _____

Parents' Name:

Father: _____ Mother: _____

Address: _____

Name of Student(s) and Grade:

I have applied through FACTS Grant and Aid Program for financial aid because:

_____ I have submitted my application on-line to FACTS and all of the supporting documentation (W-2 and copy of Federal Income Tax Return) has been mailed to FACTS (must be mailed 2 weeks before the deadline to allow time to verify). If you applied for Emergency Assistance from the diocesan fund earlier this year you do not have to submit another application to FACTS.

_____ I did not submit the documentation because:

(attach documentation to this application, i.e. disability income, Workers Comp, unemployment compensation, SSI, Soc. Security, etc.)

Amount of Financial Aid Requested from School: _____

Amount of Financial Aid Requested from Diocesan Fund: _____

Parent/Guardian's Signature: _____

Committee Use Only

Amount Approved: _____

Date: _____ School: _____

Deadline: 4 p.m. May 3, 2016
Revised 2/16