

THE BISHOP'S ENDOWMENT FUND FOR CATHOLIC SCHOOLS  
**FINANCIAL NEED EVALUATION FORM**  
**2017-2018 SCHOOL YEAR**

Please read the directions before writing on this form

**I. DEPENDENT INFORMATION:** GIVE THE FOLLOWING INFORMATION ABOUT ALL DEPENDENTS IN THE FAMILY. IF YOU HAVE MORE THAN FIVE DEPENDENTS USE ANOTHER PAPER TO GIVE US THE INFORMATION ABOUT THOSE DEPENDENTS. ATTACH THAT FORM TO THIS ONE.

LAST NAME	FIRST NAME	AGE	NAME OF SCHOOL	<i>School Information for Next Year</i> GRADE	TUITION/FEES	<i>Check if aid received last yr.</i>
-----------	------------	-----	----------------	--	--------------	---------------------------------------

- 1.
- 2.
- 3.
- 4.
- 5.

**II. HEAD OF HOUSEHOLD INFORMATION:** CHECK OR PROVIDE ALL INFORMATION THAT APPLIES. **(PLEASE PRINT)**

1. Head of household is:  MALE  FEMALE  DUAL HEAD, both male and female

2. Age: \_\_\_\_\_

3. Work Status for MALE (choose any that apply):

Full Time                       Full Time Homemaker                       Temporarily Disabled  
 Part Time/Seasonal                       Unemployed                       Full Time Student  
 Self-Employed                       Retired/Permanently Disabled                       Other: \_\_\_\_\_

4. Work Status for FEMALE (choose any that apply):

Full Time                       Full Time Homemaker                       Temporarily Disabled  
 Part Time/Seasonal                       Unemployed                       Full Time Student  
 Self-Employed                       Retired/Permanently Disabled                       Other: \_\_\_\_\_

5. 2016 Monthly Take Home (after taxes) of MALE Head of Household: \_\_\_\_\_  
 2016 Monthly Take Home (after taxes) of FEMALE Head of Household: \_\_\_\_\_

6. Family Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Zip \_\_\_\_\_

7. Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

8. Name of Parish \_\_\_\_\_

City Parish is in \_\_\_\_\_

**Please: Write a brief summary**

On the form provided give your reasons for applying for tuition assistance at this time. It will help the committee with their decision.

**III. Relationship to Dependent(s):** Which of the following best describes the relation of the head(s) of household to dependents:

Father and Mother                       Mother and Stepfather                       Father and Stepmother                       Single Parent  
 Grandparents                       One Guardian                       Two Guardian                       Foster Child/Children

**IV. FAMILY LIABILITIES / EXPENSES:**

	Description	Total Owed	Monthly Payment
1. Monthly Rent \$ OR Monthly Mortgage \$	_____	_____	_____
	_____	_____	_____
2. List Debts	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**V. INCOME:**

**TOTALS RECEIVED FOR THE YEAR - JANUARY TO DECEMBER 2016**

- 1. **WORKER'S COMPENSATION:** MALE HOUSEHOLD HEAD \$ \_\_\_\_\_ FEMALE \$ \_\_\_\_\_
- 2. **UNEMPLOYMENT INSURANCE:** MALE HEAD \$ \_\_\_\_\_ FEMALE \$ \_\_\_\_\_
- 3. **WELFARE:** \$ \_\_\_\_\_
- 4. **FOOD STAMPS:** \$ \_\_\_\_\_
- 5. **SOCIAL SECURITY:** \$ \_\_\_\_\_
- 6. **CHILD SUPPORT:** \$ \_\_\_\_\_
- 7. **ALIMONY:** \$ \_\_\_\_\_

**VI. DOCUMENTATION ENCLOSED:** Please provide copies for all the following that apply to your situation:

- \_\_\_\_\_ Copy of the 2016 W-2 statement from each employer.
- \_\_\_\_\_ Written explanation of significant differences in income between 2016 and 2017 **\*\* This is very important**
- \_\_\_\_\_ Welfare (AFDC) award notice (Copy of recent check or letter from case worker)
- \_\_\_\_\_ Food stamp award notice (copy of recent check or letter from case worker)
- \_\_\_\_\_ Social security award notice (copy of recent check)
- \_\_\_\_\_ Unemployment award notice (copy of recent check or statement)
- \_\_\_\_\_ Worker's compensation award (copy of recent check or statement)

**REMEMBER: Incomplete applications  
will not be considered**