

**FINANCIAL ASSISTANCE APPLICATION
FRESHMEN/INCOMING STUDENTS
DUE: As soon as possible**



Financial assistance is awarded to students who attend Holy Trinity and demonstrate need. You will be expected to contribute as much as you are able to your child's education according to your financial profile. Use just one form for all children in the family applying for assistance. Applications for incoming freshmen (Class of 2022) will be processed on a rolling basis (first-come, first-served). In the case of divorced or separated parents, both parents must submit an application with proper documentation. **Incomplete Applications will be returned.**

A. STUDENT APPLICANT(S) TO HOLY TRINITY:

(1) _____ /_____/_____
 Last Name First Name Middle Name HT Graduation Year Birthdate

(2) _____ /_____/_____
 Last Name First Name Middle Name HT Graduation Year Birthdate

(3) _____ /_____/_____
 Last Name First Name Middle Name HT Graduation Year Birthdate

B. PARENT/GUARDIAN

Relationship to Student: Father _____ Mother _____
 Other (Please Explain): _____

 Last Name First Name MI

 Address

 City State Zip Code

(____) _____ (____) _____
 Home Phone Cell Phone

 E-Mail Address Date of Birth

 Occupation/Title/Rank

(____) _____
 Employer Work Phone

 Address

 City State Zip Code

Marital Status: Single _____ Married _____ Widowed _____
 Divorced* _____ Divorced/Remarried* _____
 Separated* _____ *Please explain further in section I.

C. OTHER PARENT/GUARDIAN

*If not supporting tuition, please skip and explain in section I.

Relationship to Student: Father _____ Mother _____
 Other (Please Explain): _____

 Last Name First Name MI

 Address

 City State Zip Code

(____) _____ (____) _____
 Home Phone Cell Phone

 E-Mail Address Date of Birth

 Occupation/Title/Rank

(____) _____
 Employer Work Phone

 Address

 City State Zip Code

Marital Status: Single _____ Married _____ Widowed _____
 Divorced* _____ Divorced/Remarried* _____
 Separated* _____ *Please explain further in section I.

D. HOUSEHOLD

Number of individuals living in the household in 2017? Parents/Guardians: _____ Children: _____ Other: _____

Please list all persons living in the household:

Adults (Over 21 Years of Age)

- (1) Name: _____ Relationship: _____
- (2) Name: _____ Relationship: _____
- (3) Name: _____ Relationship: _____
- (4) Name: _____ Relationship: _____

Other Children (Dependents you are currently supporting under 21 years of age)

- (1) Name: _____ School: _____ Grade: _____ DOB: ____/____/____
- (2) Name: _____ School: _____ Grade: _____ DOB: ____/____/____
- (3) Name: _____ School: _____ Grade: _____ DOB: ____/____/____
- (4) Name: _____ School: _____ Grade: _____ DOB: ____/____/____

(Please list additional adults/children in Section I.)

E. PARENT/GUARDIAN MONTHLY INCOME

*If an item is not applicable, please write N/A.

<u>Source</u>	<u>Monthly</u>
Wages (Parent/Guardian #1) ¹	\$ _____
Wages (Parent/Guardian #2) ¹	\$ _____
Net Business Income ²	\$ _____
Net Rental Income ³	\$ _____
Pension/Social Security (Parent/Guardian #1)	\$ _____
Pension/Social Security (Parent/Guardian #2)	\$ _____
Child Support	\$ _____
Alimony	\$ _____
LINK (Food Stamps)	\$ _____
Rent Subsidy	\$ _____
Interest/Dividends	\$ _____
Unemployment Income	\$ _____
Deferred Income	\$ _____
Worker's Compensation	\$ _____
Other	\$ _____
TOTAL INCOME	\$ _____

F. PARENT/GUARDIAN MONTHLY EXPENSES

*If an item is not applicable, please write N/A.

<u>Source</u>	<u>Monthly</u>
Food, Clothing, and Misc. ⁴	\$ _____
Housing: Rent/Mortgage ⁵	\$ _____
Utilities ⁶	\$ _____
Cable/Internet	\$ _____
Cell Phone	\$ _____
Vehicle Ownership Costs ⁷	\$ _____
Vehicle Operating Costs ⁸	\$ _____
Public Transportation ⁹	\$ _____
Health Insurance	\$ _____
Out of Pocket Healthcare Costs ¹⁰	\$ _____
Court Ordered Payments	\$ _____
Child/Dependent Care	\$ _____
Alimony/Child Support	\$ _____
Tuition Currently Paid ¹¹	\$ _____
Student Loan Payments	\$ _____
Credit Card Interest Payments	\$ _____
Other	\$ _____
TOTAL EXPENSES	\$ _____

¹ Wages, salaries, and tips before tax withholdings.
² Net Income from Business: Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. If the net business income is a loss, enter "0".
³ Net Rental Income: The amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0".
⁴ Total of clothing, food, housekeeping supplies, and personal care products.
⁵ For principal residence, include the total rent or mortgage payment, Along with average monthly property taxes, insurance, maintenance, dues, and fees.

⁶ Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and land line telephone.
⁷ Vehicle Ownership Costs: Total of monthly lease or purchase/loan payments.
⁸ Vehicle Operating Costs: Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.
⁹ Public Transportation: Total of monthly fares for mass transit.
¹⁰ Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)
¹¹ Total tuition paid for grammar school, high school, and college, etc.

G. FAMILY ASSETS

Savings Accounts	\$ _____	How many cars in the family? _____
Checking Accounts	\$ _____	Automobiles:
Stocks, Bonds, Mutual Funds, and other Securities	\$ _____	(1) Make: _____ Model: _____ Year: _____
Trust Funds	\$ _____	(2) Make: _____ Model: _____ Year: _____
Education Funds	\$ _____	(3) Make: _____ Model: _____ Year: _____
Value of IRA, 401K and any other Retirement accounts at Year End	\$ _____	Do you own rental property? YES or NO
Value of Other Real Estate Owned	\$ _____	If yes, please attach a copy of Schedule C and/or E of your 2016 Federal Income Tax Form.
Home (if owned):		Do you own a family business? YES or NO
Year Purchased _____		If yes, please attach a copy of Schedule C and/or E of your 2016 Federal Income Tax Form.
Purchase Price	\$ _____	
Present Market Value	\$ _____	
Unpaid Mortgage	\$ _____	
Annual Taxes	\$ _____	

H. PLEASE ANSWER THE FOLLOWING QUESTIONS

Did the student(s) apply to any of the following scholarships for 2018-2019 school year?

Big Shoulders
 Chicago Lights
 Daniel Murphy
 HighSight
 HFS Chicago Scholars
 LINK Unlimited
 PEAK
 Other _____

Amount per month the family and student can pay toward tuition next year. Do not leave this item blank. \$ _____

Did your eighth grade or incoming student(s) receive financial assistance for the 2017-2018 school year? YES or NO
If Yes, please list the source of that aid, the amount of aid received, and the school's tuition.

Source of Aid	Amount of Aid	School's Tuition
Alumni - If you or someone in the student's immediate family (parent or sibling) is a graduate of Holy Trinity or Holy Family Academy, please list:		
Name (First and Last): _____	Relationship: _____	Graduation Year: _____

If a current student referred you to Holy Trinity, please provide that student's full name here: _____

I. FURTHER EXPLANATIONS AND SPECIAL CIRCUMSTANCES

Please use this space to offer any further explanation of answers in the application and to tell us any special circumstances you feel should be considered when determining an award. (Attach more pages if necessary):

J. CERTIFICATIONS

I authorize Holy Trinity and its agents to release the information contained in this application, including any attachments, and/or such school records as deemed necessary, to partnering agencies, institutions, or individuals that provide tuition assistance and possess an interest in Holy Trinity's Financial Assistance Program.

Parent/Guardian Signature: _____ Date: ____/____/____

Other Parent/Guardian Signature: _____ Date: ____/____/____

I certify that the above information is true and I have included proof of income. I reserve Holy Trinity the right to request additional documents to substantiate financial information. I understand that by accepting financial aid, my child must maintain exemplary behavior and attendance records.

Parent/Guardian Signature: _____ Date: ____/____/____

Other Parent/Guardian Signature: _____ Date: ____/____/____

**Attachments required to process application:

- A copy of the parent/guardian's most recently completed tax return (1040, 1040A, 1040EZ, 1099, etc.) with all attachments.
- Parent/guardian's W-2 Forms from each employer
- Parent/guardian's last two pay stubs from each employer. Please include final pay stubs from 2017.
- If a parent/guardian is paid in cash, please include a letter from their employer stating their salary, hours, and position.
- Any other documentation as noted in the application, i.e., Social Security Administration, LINK documentation, etc.
- If you own a business or have income from rental property, please attach a copy of Schedule C and/or E of your 2016 Federal Income Tax Form.