

## Applicant Information

Required fields are marked with \*

### Parent or Guardian Information

Prefix  First  Last

Middle  Suffix

Mailing Address

City  State  Zip

County of Residence  Country

Daytime Phone    Ext  Evening Phone    Ext

Cell Phone

E-Mail Address

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Social Security Number  Date of Birth

Month  Day  Year

Marital Status  Relationship to Student(s)

Occupation  Employer

Employment Status

Religious Affiliation  ++

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

## Co-Applicant Information

Required fields are marked with

I do not have a Co-Applicant living in my household.

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### Co-Applicant - Parent or Guardian Information

Prefix                      First                      Last  
                                           

Middle                      Suffix

Social Security Number    Date of Birth  
                      Month                      Day                      Year

Relationship to Student(s)

Occupation                      Employer  
                     

Employment Status

Religious Affiliation ++

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

## Student Information

Required fields are marked with

First	Last	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender ++	
Month	Day	Year
		<input type="radio"/> Male <input type="radio"/> Female
Social Security Number	Ethnicity ++	
<input type="text"/>		
Religious Affiliation ++		

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

## School Information

**Required fields are marked with**

Please estimate approximate amounts if you are not sure.

Select the  below for all tuition charging PK-12 schools where the student is applying to or will attend.



## Taxable Income

Required fields are marked with

### Size of Household

- 1a. Number of adults living in this household?
- 1b. Number of children living in this household?
2. Do you file a federal income tax return?
  - Yes, I file taxes
  - Yes, I file taxes but do not receive income from W2's
  - No, I do not file taxes
3. Does the co-applicant file a federal income tax return?
  - Yes, files jointly with applicant
  - Yes, files jointly with the applicant but does not receive income from W2's
  - Yes, files separately from applicant
  - Yes, files separately from the applicant and does not receive income from W2's
  - No, does not file

### Taxable Income

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal income tax return.
5. If filing jointly or if there is not a co-applicant, enter "0". If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return.
6. Do you own any of the following?
 

Business	<input type="radio"/> Yes	<input type="radio"/> No
Farm	<input type="radio"/> Yes	<input type="radio"/> No
Rental Property	<input type="radio"/> Yes	<input type="radio"/> No
S Corporation	<input type="radio"/> Yes	<input type="radio"/> No
Partnership	<input type="radio"/> Yes	<input type="radio"/> No
Estates and Trusts	<input type="radio"/> Yes	<input type="radio"/> No

## Non-Taxable Income

**Required fields are marked with**

Please list the amount and frequency (Week, Month or Year) you receive for each type of non-taxable income.

If none, enter 0

- |  |                      |     |
|--|----------------------|-----|
| 7. Child Support Received  | <input type="text"/> | per |
| 8. Social Security benefits received that were not taxed, such as SSI  | <input type="text"/> | per |
| 9. Temporary Assistance for Needy Families (TANF)                      | <input type="text"/> | per |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) | <input type="text"/> | per |
| 11. Food Stamps  | <input type="text"/> | per |
| 12. Tuition support anticipated from friends/relatives/employer        | <input type="text"/> | per |
| 13. Worker's Compensation  | <input type="text"/> | per |
| 14. Other Nontaxable Income  | <input type="text"/> | per |

## Change of Income

Required fields are marked with

15. Do you anticipate a decrease in your annual income for 2015?

Yes  No



## Monthly Expenses

Required fields are marked with

### Residential Expenses

1. Do you rent or own your primary residence?
2. Monthly rent or mortgage payment? (Include principal, interest, taxes and home insurance.)
3. Do you own a second home (not including rental property)?  Yes  No
- a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?
4. Monthly home equity loan payments

### Vehicle Expense

5. Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

<input type="text" value="Make/Model"/>	<input type="text" value="Year"/>	<input type="text" value="Monthly Payment"/>
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### Credit Cards and Other Loans

6. Total Credit Card Debt
7. Total of all minimum amounts due on monthly credit card statements
8. Monthly student loan payments for family members no longer attending college
9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.)  Yes  No  
If yes, please list below.

<input type="text" value="Loan Creditor"/>	<input type="text" value="Monthly Payment"/>
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10. Monthly Child Support Payments
- 11a. Health insurance premiums paid per month
- 11b. Health insurance premiums are paid

## Annual Expenses

Required fields are marked with

12. Annual Vehicle Insurance Expense
13. Total annual out-of-pocket medical expenses not paid by insurance
14. Charitable contributions - cash or checks per year

## College Expenses

- 15a. Number of family members attending college beginning this fall
- 15b. Total amount of your family's out-of-pocket cost for college expected this school year

## Child/Day Care Expenses

(Do not include preschool/prekindergarten expenses. This should be indicated in Section 2 - School information.)

- 16a. Number of children for whom you pay child/day care expenses beginning this fall
- 16b. Total amount of child/day care expenses expected this year

## Elder Care Expenses

- 17a. Number of people for whom you pay elder care expenses
- 17b. Total amount of elder care expenses expected this year

## Assets & Liabilities

Required fields are marked with

1. Value of cash, savings, and/or checking accounts
2. Value of stocks, bond investments, mutual funds, and/or certificates of deposit
3. Value of retirement plan assets
4. What is your and/or your spouse's annual contribution to retirement plan assets?
5. If you own your home, what is the estimated value?
6. If you own your home, what is the amount you owe?
7. If you own a second home, what is the estimated value?
8. If you own a second home, what is the amount you owe?

## Additional Information

### Required fields are marked with

Additional information is being requested by one or more Institutions where you are applying for financial assistance. Please complete the following information.

### St Bernard High School

Please list any additional siblings in other Catholic schools, other than St. Bernard High School and the grade and school they are attending.

If I/we choose to withdraw my student(s) from St. Bernard High School, I understand that any and all tuition and fees that are due as determined by the school will be owed.