



## APPLICATION FOR FINANCIAL AID For the School Year 2025 - 2026

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's expected grade in September 2026 \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Home Phone Number : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parish: \_\_\_\_\_

Does Father have an income? \_\_\_\_\_ Does Mother have an income? \_\_\_\_\_

What is the total family income? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Principal: \_\_\_\_\_

Approved by Pastor: \_\_\_\_\_