

**St. Vincent de Paul School**  
**FINANCIAL AID APPLICATION**  
**2016-2017**

*This form is for the exclusive use of St. Vincent de Paul School. The information supplied by the applicant will be held strictly confidential and will not be made available to any individual or group not directly concerned with the granting of financial aid.*

The mission of St. Vincent de Paul School is to be a faith-centered Catholic school that promotes academic achievement and spiritual development for our students and their families. This is reflected through our actions, support of each other, and service to the community.

In keeping with that mission, the affordability policy set forth by the School Commission is that Catholic education at St. Vincent de Paul School shall be made available to children of all parishioners, regardless of the family's ability to pay. All families must be responsible for service time and fundraising commitments as stated in the tuition contract.

We require that you **first** apply for financial aid from the Fulcrum Foundation at <http://www.fulcrumfoundation.org> when the school notifies you regarding the application timeline. Contact the school office if additional information about the *Fulcrum Tuition Assistance Grant Program* is needed.

Since funds for financial aid are limited, it is necessary that all pertinent information be provided to those responsible for making practical decisions. If the application is approved, St. Vincent de Paul School assumes part of the burden of tuition through its own budget and/or through administration of financial aid funds.

**Please answer all questions and include supporting documents.**

**Please return the following to Mrs. Stewart as soon as possible:**

1. **St. Vincent de Paul School Financial Aid Application along with a copy of your 2014 Federal Income Tax form.**

**St. Vincent de Paul School  
FINANCIAL AID APPLICATION**

1. Date of this application: \_\_\_\_\_, 20\_\_

2. Name of parent/guardian: \_\_\_\_\_

3. Number of students for whom financial aid is asked:

Student Name	Grade of Enrollment
_____	_____
_____	_____
_____	_____

4. Please describe fully any family obligations and/or commitments, which considerably diminish your monthly or annual income.

\_\_\_\_\_  
\_\_\_\_\_

5. Occupation of Father, Step-father, legal guardian:

\_\_\_\_\_  
Employed by: \_\_\_\_\_

6. Occupation of Mother, Step-mother, legal guardian:

\_\_\_\_\_  
Employed by: \_\_\_\_\_

7. General parish information:

What is the religious affiliation of-  
Father, step-father, male guardian \_\_\_\_\_  
Mother, step-mother, female guardian \_\_\_\_\_

Are you a registered member of St. Vincent Parish? Yes  No

How long have you been a registered member? Since \_\_\_\_\_

What percentage of the time do you attend Mass at St. Vincent's? \_\_\_\_\_

Are you enrolled in a parish sacrificial giving plan? Yes  No

What have you contributed to the church in the past 3 school years?

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

1. Describe briefly your involvement in Parents Club and other school fund raising activities in the past 12 months:

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2. If you have not been involved, please state the reasons why:

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3. *What is the amount of financial aid you are requesting?*      \$ \_\_\_\_\_

4. I (we) may be reached by telephone at:

*Home* (\_\_\_\_) \_\_\_\_\_      *Work* (\_\_\_\_) \_\_\_\_\_

5. I (we) certify that the information provided above is true and complete in every respect.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Print Father/Guardian Name

\_\_\_\_\_  
Print Mother/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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***IMPORTANT – DID YOU?***

1. *Provide a copy of your 2014 Income Tax Return Form for the St. Vincent application?*
  2. *Complete all sections and sign your name?*
- .....

**Notice: You are invited to use the back of this form to provide any additional information you feel may aid those evaluating this application.**