



# St. Paul's Academy

3000 Northwest Ave. • Bellingham, WA 98225 • Phone (360) 733-1750 • Fax (360) 734-1882

## 2009-10 Financial Aid Request Form

Eligibility for financial aid is based upon current documented financial need. Financial aid awards are also based upon funds available. All documents, correspondence, and conversations between students' families and members of the Financial Aid Committee are private and confidential. Please return this application with supporting materials by Friday, May 8<sup>th</sup>, 2009. The Financial Aid Committee may consider other applications at other times of the year as deemed appropriate and if funds are available.

Preference will be given to applicants that have adjusted gross incomes at or below the following levels:

Family Size	Adjusted Gross Income
2	\$33,000
3	\$41,000
4	\$49,000
5	\$56,500

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ School year financial aid is requested for: \_\_\_\_\_ Grade level \_\_\_\_\_

Have you received a previous financial aid award? Yes / No (Please circle one)

School year in which previous award was given: \_\_\_\_\_

### Parent Guardian Information

In the case of separation or divorce, applications will be considered based on the resources of both parents.

Name(s) of financially responsible parent(s)/guardian(s):

1. \_\_\_\_\_ Marital Status: \_\_\_\_\_

2. \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Address #2 (if different) \_\_\_\_\_

Phone Number (if different): \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

### List your employer(s):

Name of parent/guardian	Occupation	Employer

**Other dependent family members:**

Name	Age	Relationship	School (if applicable)

**2008 INCOME, EARNINGS, AND BENEFITS (attach copy of tax return, including all schedules to this application. Each party that is financially responsible for the child must submit a 1040 Tax Form)**

**2008 Tax Information taken from your 1040, 1040A or 1040EZ Tax Return.**

2008 Total number of exemptions \_\_\_\_\_

2008 Adjusted Gross Income \$\_\_\_\_\_

2008 Income earned from work Father \$\_\_\_\_\_ Mother \$\_\_\_\_\_

**2008 untaxed income and benefits (year totals only)**

Social Security Benefits \$\_\_\_\_\_

Aid to families with dependent Children (AFDC or ADC) \$\_\_\_\_\_

Child support received for all children \$\_\_\_\_\_

Other taxed income and benefits \$\_\_\_\_\_

**2009 Current total year-to-date income up to the time of application (attach a copy of your last pay stub from all employers for each party that is financially responsible for the child).**

Father \$\_\_\_\_\_ Mother \$\_\_\_\_\_

**Unusual financial circumstances**

If your family has any financial circumstances, please list them on a separate sheet of paper and attach the list to this form.

**Please read, sign and date. Each person who is financially responsible for the child must sign this application.**

I (we) agree to supply the Financial Aid Committee with 2008 tax return (s) and current 2009 year-to-date pay stub (s) from all employers with this application. I (we) also understand that I (we) must notify the Committee in the event that my (our) financial condition improves. All of the information provided on this form is true and complete to the best of my (our) knowledge. I (we) understand that this application is being filed jointly by all signatories. I (we) also agree that if the tax forms are not supplied with this application, the student will be denied financial aid. I (we) understand all decisions concerning financial aid are made by the Financial Aid Committee and all decisions are final.

Parent/Guardian\_\_\_\_\_

Date\_\_\_\_\_

Parent/Guardian\_\_\_\_\_

Date\_\_\_\_\_