

Financial Aid Application

2019-2020 Youth Faith Formation Year

All information provided on this form will be considered confidential.

Please complete, sign and return this form to:
 Church of the Resurrection Attention: Youth Faith Formation
 4300 Asbury Rd. Dubuque IA 52002

1. **Father, Stepfather, or Male Guardian:** Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Parish _____

Occupation _____ Employer _____ How Long? _____

2. **Mother, Stepmother, or Female Guardian:** Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Parish _____

Occupation _____ Employer _____ How Long? _____

3. Parent's Marital Status: Married ___ Divorced ___ Single ___ Separated ___ Widowed ___ Both deceased ___

4. If parents are divorced or separated, who has legal custody of the applicant(s)? Mother ___ Father ___

5. List all dependents who receive at least 1/2 support from persons listed in Number 1 and Number 2.

NAME	AGE	GRADE	SCHOOL ATTENDING	TUITION AMOUNT DUE <small>RE tuition is \$165 per child Confirmation is \$145 per child</small>	AMOUNT OF TUITION ASSISTANCE YOU ARE REQUESTING	FOR OFFICE USE ONLY: GRANT AMOUNT

Please continue on next page →

Financial Information:

6. Gross yearly income for person(s) listed in 1 and 2: _____

7. Total number of dependents claimed on income tax: _____

8. Non-taxable income (Social Security, Child Support, Welfare, etc.): _____

9. Total Unreimbursed Medical Expenses for past year: _____

10. Average yearly contribution to your parish church: _____

11. Home: _____ Own _____ Rent _____

Present market value: _____

Unpaid mortgage or debt: _____

12. Describe any special or unusual circumstances that affect your need status:

13. How much total financial aid do you estimate you need to enable your student(s) to attend religious education?

PLEASE ENTER THE DOLLAR TOTAL YOU ARE REQUESTING: _____

14. Please attach a copy of your most recent 1040 Income Tax Form.

Parent's Certification: I declare that the information on this form, to the best of my knowledge, is true, correct, and complete. I understand that I may be required to verify information.

Parent Signature(s): _____

Date Completed: _____

FOR OFFICE USE ONLY: