OUR LADY OF VICTORY ELEMENTARY SCHOOL

Financial Aid Application

This form must be returned to the school by April 30. All information will be kept strictly confidential. Applications will be processed without revealing names. In order to process a request for financial aid, a copy of the Federal Tax Return, including W-2s of person(s) applying must accompany completed application.

	Name:	Grade:	
	Name:	Grade:	
	Name:	Grade:	
	Name:	Grade:	
If parents are d	divorced or separated, who is the custodia	l parent?	
PARENT APPLYING FOR AID - INFORMATION		OTHER PARENT - INFORMATION Complete this section only if other parent in contributing to tuition.	
Name:		Name:	
Address:		Address:	
Home phone:		Home phone:	
Occupation:		Occupation:	
Work phone:		Work phone:	
Mobile phone:		Mobile phone:	
Email:		Email:	
	ANI	NUAL INCOME —	
Every application requires a copy of the most recent federal tax return, as well as W2s, for each person		ng: Mother: Father:	
	2. Rental income		
	3. Social Security benefits		
	4. Other:		
for cuers person			

Total number of dependents declared on Federal Tax Return:

Name:	Age:
Name:	
	Age:
Name:	Age:
RESPONSIBILITY FOR OTHERS	S IN HOUSEHOLD ————
Name:	Relationship:
Name:	Relationship:
Have you applied for any other financial aid? Yes _	No
Please check all that apply: Bison Fund _	Private
MONTHLY EXPEN	NSES —
1. Rent/Mortgage	
2 Property taxes not included in mortgage	
3. Medical expenses (not covered by insurance)	
4. Child support/alimony	
5. Credit card payments	
6. Other loan payments	
7. Child care expenses	
8. Tuition paid to schools other than OLV	
Name of schools:	
9. Utilities	
Gas: Electric:	Phone:
10. Other expenses (please list)	
TOTAL EXPENSES LISTED ABOVE	
FOR COMMITTEE USE ONLY Tax Return Attached? □ Yes □ No	— COMMITTEE COMMENTS
rached? Yes No	
ition due for year:	