

St. Anthony High School

175 Eighth Street

Jersey City, NJ 07302

(201) 653-5143

Web Site: www.stanthonyhighschool.org

FINANCIAL AID APPLICATION

2015-2016

We encourage families to submit completed applications as soon as possible.

The **DEADLINE** is **Friday, March 20, 2015.**

No application will be considered after this date.

In order to be considered, your application must be **answered in full** and it must include the following items:

- Copy of your 2014 Federal Tax Return
- Copy of your 2014 W2 Form (or November Assistance check)
- Copy of a proof of residence (Phone bill, Utility Bill)
- Copy of student's 1st report card of 2015.

Student's Name:

*Please note: If you answer **Other** to any question, Please provide an explanation at the end.

Financial Aid Form: 2015-2016

A. PARENT OR GUARDIAN

Circle one: Father Mother Stepfather *Other

Last Name First Name MI

Social Security Number Age E-mail address

Address (Area Code) Home Phone

City State Zip

Occupation/Title/Rank (Area Code) Work Phone

May SAHS contact you at work if there are any questions? Yes No
Employed by _____ How Long? _____
Self employed? Yes No

B. PARENT OR GUARDIAN

Circle one: Father Mother Stepfather *Other (Please explain on back of page)

Last Name First Name MI

Social Security Number E-mail address

Address (Area Code) Home Phone

City State Zip

Occupation/Title/Rank (Area Code) Work Phone

May we contact you at work if there are any questions? Yes No
Employed by _____ How Long? _____
Self Employed? Yes No

C. FAMILY INFORMATION

1. Number of family members who will reside in my/our household during the 2015-2016 school year:

Parents _____ Children _____ *Other _____

2. Current Marital Status of Parent/Guardian in Section A (Check one)

a. ___ Single d. ___ Divorced g. ___ *Other
b. ___ Married e. ___ Divorced/remarried
c. ___ Widowed f. ___ Separated

D. DIVORCED OR SEPARATED PARENTS

Non-Custodial Parent Information

1. Date of Divorce or Separation (Month/Year) _____

2. _____
Last Name First Name MI

3. According to court order, when will child support end?
(Month/Year) _____

4. Total amount of child support **received** to date in 2014 by parent listed in Section A or B.
\$ _____.

5. Total amount of child support **paid** to date in 2014 by parent listed in Section A or B.
\$ _____.

6. Is there any agreement specifying a contribution for student's education?

_____ Yes _____ No
If YES, how much per year? \$ _____

7. Who claimed student as a tax dependent in 2014 _____

8. Do special circumstances exist? _____ Yes _____ No
If YES, please explain below.

E. STUDENTS AT TUITION-CHARGING SCHOOLS

How many children will attend a tuition charging school, Pre-K, elementary school, secondary school, or college in the fall of 2015 _____.

Please list below each of those students, their grades and the name of the school(s) they wish to attend next fall. Don't forget to list the applicant(s) and their grade for the fall of 2015.

PLEASE LIST APPLICANTS FIRST. PLEASE CHECK IF ADDITIONAL STUDENTS ARE ATTACHED _____.

| Student Last Name | Student First Name | MI | Grade in the fall of 2015 | Name of school student plans to enter in the fall of 2015 | Amount we feel we can pay per year toward tuition | Tuition charged per student |
|-------------------|--------------------|----|---------------------------|---|---|-----------------------------|
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |

F. PARENT'S TAXABLE INCOME

YOU MUST INCLUDE THE FOLLOWING DOCUMENTATION FOR YOUR APPLICATION TO BE COMPLETE:

If you file an income tax return

- ☐ A complete photocopy of your 2014 IRS Form 1040, 1040A or 1040EZ
- ☐ Photocopies of all 2014 W2 forms and/or 1099 forms from all employers for any wage earning parent residing with the applicant(s)

If you don't file an income tax return (check all that apply)

- ☐ Social Services Grant letter
- ☐ Food Stamps Grant letter
- ☐ Social Security Benefits Statement

G. NON-TAXABLE INCOME RECEIVED IN 2014-15

*List the total received for all of 2014-15, not monthly amounts

1. Child Support \$ _____
2. Welfare (AFDC/ADC) \$ _____
3. Food Stamps \$ _____
4. Social Security/SSI \$ _____
5. **TOTAL** non-taxable income for 2014-15 \$ _____

H. HOUSING INFORMATION

1. Do you own or rent your residence? ___ Rent ___ Own
2. If renting, what is your monthly rental payment? \$ _____
3. If you own, what is your monthly mortgage? \$ _____

I. PARENT'S FINAL CHECKLIST, CERTIFICATION AND AUTHORIZATION

I/We declare that the information on this form is true, correct and complete, to the best of our knowledge.

I/We have enclosed the necessary documentation and understand that if these items are not enclosed, our application will not be processed.

Parent or Guardian (Section A) _____ Date Completed _____

Parent or Guardian (Section B) _____ Date Completed _____

I/we understand that submitting false information will result in dismissal of our child from St. Anthony and an obligation to repay any aid applied to our account.

I/we understand that if my child does not complete the school year for any reason whatsoever, no aid will be applied to my account and I will be responsible for the full amount of tuition due at the time.