

**C.M. CHRISTO ACCOUNTING**

PO BOX 428

Cedar, Minnesota 55011



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**FINANCIAL ASSISTANCE APPLICATION**

Institution: **St. Scholastica H.S.C. Academy**

For: **School year** \_\_\_\_\_

**Applicant Information (Parent Name):**

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address (print clearly) \_\_\_\_\_

Instructions: Please complete all of the applicable blanks on this form or your application may not be considered. You must be:

1. An active, registered, and contributing member of a parish and allow us to verify this information with the Pastor.
2. Current with past tuition and book fees at St. Scholastica H.S.C. Academy.
3. Fully willing to support both financially and morally the teaching methodology and facility rules of St. Scholastica H.S.C. Academy's school staff.

Tuition payments must remain current on a monthly basis. Any delinquency of tuition beyond 30 days without prior approval from the administrator of St. Scholastica H.S.C. Academy is a cause for dismissal of your enrolled student(s), terminates the financial assistance, and makes any unpaid debt fully due and immediately payable from the date of delinquency. You must participate fully in fundraisers and attend all FOSS meetings. Failure to do so will result in termination of financial assistance and remainder of the school year billed at full cost.

PLEASE PROVIDE: (Applications are considered incomplete if the following paperwork is not attached.)

- a) Most recent tax return (1040 or W-2) and copies of other financial assistance as applicable (SSI, AFDC, etc.) All must be submitted with application to qualify.
- b) By April 20<sup>th</sup>, return the complete application along with the proper documents listed above to:  
C.M. Christo Accounting  
PO BOX 428  
Cedar, Minnesota 55011

PLEASE COMPLETE all information and answer all questions. This application is confidential.

Family members living in the household: (Please only include people **living** in the household.)

1<sup>st</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ 4<sup>th</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ 5<sup>th</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ 6<sup>th</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_

*\*For additional children, please attach additional page with names and ages.*

Adult living in home: Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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Adult living in home: Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

*\*For additional adults living in the home, please attach additional page with above information.*

**Monthly Income/Expense worksheet:** Applications will be processed only after all information is submitted and the application is filled out completely.

**Household Income: Monthly Amounts Only**

**Household Expenses: Monthly Amounts Only**

\$ \_\_\_\_\_ Gross Monthly Income (Combined)

\$ \_\_\_\_\_ Rent/Mortgage (circle one)

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Auto Loan (copy insurance card)

\$ \_\_\_\_\_ Social Security of Disability

\$ \_\_\_\_\_ Utilities

\$ \_\_\_\_\_ Welfare (submit copy of card)

\$ \_\_\_\_\_ Phone (cell and land lines)

\$ \_\_\_\_\_ Food Stamps or EBT or SNAP

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Unemployment

\$ \_\_\_\_\_ Medical

\$ \_\_\_\_\_ Other (please explain)

\$ \_\_\_\_\_ Child Care

\$ \_\_\_\_\_ Other (please explain)

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application? \_\_\_\_\_

Have you received financial aid for St. Scholastica H.S.C. Academy before? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

What monthly amount are you able to pay toward your child(ren)'s tuition? \_\_\_\_\_

I certify by my signature that all of the information on this form, compiled and submitted by me, is true, accurate, and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please do not assume that these funds are available. The funds generally come from the generous individuals who want the best Catholic education for your children. The funds vary from year to year.

C.M. Christo Accounting will notify both you and St. Scholastica H.S.C. Academy by letter of the amount of your financial aid award.