Financial Aid Form

_____ SCHOOL YEAR

ST. THERESA SCHOOL

4850 Clarewood Drive, Oakland, CA 94618 | 510.547.3146 | www.sttheresaschool.org

STUDENT AID SUPPLEMENTARY INFORMATION

	Parent, Guardian or Other Adult Responsible for tuition:	***Parent, Guardian or Other Adult Responsible for tuition:***
	Check all that apply: ☐ Father ☐ Mother ☐ Guardian ☐ Other	*Check all that apply:* ☐ Father ☐ Mother ☐ Guardian ☐ Other
First Name	_____	_____
Last Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Email Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Occupation	_____	_____
Business Phone	_____	_____
Employer	_____	_____
How Long?	_____	_____

Status of Parent(s), Guardian or Other Adult:

☐ Register, Active and Participating St. Theresa Parishioner

☐ Out of Parish Catholic Registered, Active and Participating at _____Church

☐ Non Catholic

Current marital status/housing arrangement of parent/guardian:

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Remarried ☐ Separated ☐ Other _____

**If tuition is shared, each responsible party must complete a Supplementary Information Form.*

Work Status: ☐ Two Income ☐ Single Income

Children in other Catholic Schools: ☐ Yes ☐ No

Children in College: ☐ Yes ☐ No

Household Information:

Number of individuals who will reside in your household during the current school year

Parents/Guardians____ Children____ Other____

Please explain: _____

Dependents: *(Do not leave blank)*

LAST NAME	FIRST NAME	AGE	GRADE IN FALL	SCHOOL STUDENT TO ATTEND OR PLANS TO ATTEND	TUITION (ANNUAL)	ROOM & BOARD (COLLEGE)	APPLY FOR AID? YES / NO	AMOUNT WE CAN PAY TOWARD TUITION

Unusual Circumstances: *(Please check as they apply)*

☐ Loss of Job ☐ Income reduction ☐ Bankruptcy ☐ High debt ☐ Recent Separation/divorce

☐ Shared custody ☐ Child support reduction ☐ College expenses ☐ Medical/Dental expenses ☐ Death in the family

Additional Information:

State briefly your reason for requesting this tuition grant, and please add any information that will be helpful in the evaluation of your request. *(Attach additional information as needed)*

_____

_____

_____

Divorced, Separated or Single Parents *(to be completed by parent or Guardian listed in first section)*

☐ Date of Separation *(Month/Year)*_____ ☐ Date of divorce *(Month/Year)*_____ ☐ Non Custodial parent

Do you receive or pay child support?

☐ Receive *(per year)* $_____ ☐ Pay *(per year)* $_____ ☐ Neither

Who claimed student as a tax dependant in previous tax year?_____ Tax Year:_____

Who is responsible for dependent's tuition*?_____

Name of Father/Guardian _____% of support_____

Name of Mother/Guardian _____% of support_____

**If tuition is shared, each responsible party must complete a Supplementary Information Form and a copy of court document indicating financial responsibility.*

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

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

To be completed by the School:

PSAS FORM SUBMITTED: ☐ Yes ☐ No