



# Our Lady of Sorrows Catholic School

## Financial Aid Application

### School Year 2025-2026

Application Due Date: **April 4, 2025**

#### TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

**Please note: This application requires documentation for income received in 2024.**

1. Detailed copies of all pages and Schedules of your **2024 Federal Income Tax Return Form** 1040, 1040A, or 1040EZ (as filed with IRS) for individuals listed in Section 1 & 2.
2. Copies of all **2024 W-2 Wage and Tax Statement Forms**, all 2024 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed in Sections 1 and 2.  
*(Please make sure all documentation is copied on a regular size paper- Documentation will not be returned.)*
3. Documentation of total amount received in **2024 for all Non-taxable Income** (see Section G for specific requirements).
4. A **letter of recommendation** from family's parish Priest or Pastor.
5. This application form filled out in its entirety, signed and dated by the individuals listed in Sections 1 and 2

**IMPORTANT: If the above items do not accompany with this application, your application will not be considered complete.**

Keep a copy of this completed application and all documentation for your records.

#### Section 1: Parent, Guardian, or other Adult Responsible for Tuition

**IMPORTANT:** Please type or print clearly and neatly with blue or black ball point pen.

Check one:      Father                      Mother                      Step-Father                      Step-Mother                      Other Adult

Last Name	First Name	M.I.
Physical Address		Apartment # (if applicable)
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Employed by	How Long?	E-mail Address

#### Section 2: Parent, Guardian, or other Adult Residing with Parent in Section 1

Check one:      Father                      Mother                      Step-Father                      Step-Mother                      Other Adult

Last Name	First Name	M.I.
Physical Address		Apartment # (if applicable)
City	State	Zip Code
Home Phone	Cell Phone	Work Phone

Employed by \_\_\_\_\_

How Long? \_\_\_\_\_

E-mail Address \_\_\_\_\_

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2025? \_\_\_\_\_

Please list all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student. Indicate each dependent's relationship to Parent/Guardian 1: (child foster child, grandchild, etc.)

Full Name	Date of Birth	Relationship to Parent/Guardian 1	Name of School plans to attend in the Fall of 2025	Grade in Fall of 2025	Applying for Aid?	Tuition charged yearly per student?

*Please check if additional dependents are listed on a separate sheet.*

#### Section 4: Household Information

1. Number of individuals who will reside in my/our household during the **2024-2025** school year:

Parents/Guardians \_\_\_\_\_

Children \_\_\_\_\_

\*Other \_\_\_\_\_

\*If other, please explain: \_\_\_\_\_

2. **Current marital status/housing arrangement of Parent/Guardian 1:**

Single\*

Separated\*

Married

Residing with

Widowed

other

Divorced\*

Other

Remarried\*

\*If **Single, Divorced, Remarried, Separated**, you are required to complete **Section 5**.

#### Section 5: Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section 1)

1. Date of separation (Month/Year) \_\_\_\_\_

2. Date of divorce (Month/Year) \_\_\_\_\_

3. Non-custodial parent (Last, First, M.I.) \_\_\_\_\_

4. Who claimed student as a tax dependent in 2024? \_\_\_\_\_

5. Who is responsible for the tuition for the dependent(s) listed in Section 3?			Child Support (per year)		
Father Name:	Name of Students responsible for:	Percent of Tuition paid (Per Student) _____%	Received \$ _____	Paid \$ _____	____ Neither
Mother Name:	Name of students responsible for:	Percent of Tuition paid (Per Student) _____%	Received \$ _____	Paid \$ _____	____ Neither

Another Name:	Name of students responsible for:	Percent of Tuition paid (Per Student) ____%	Received \$_____	Paid \$_____	____ Neither
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***\*If person(s) above is/are responsible for additional students, please list in Section 9.***

**Taxable Income:**

Total 2024 federal tax return for student's household was: **Actual 2024 \$\_\_\_\_\_**

**Non-Taxable Income:**

List the **total amount** received from **1/1/24-12/31/24** for all recipients in the household.

**DO NOT** list monthly amounts.

Child Support \$\_\_\_\_\_ per year

Cash Assistance \$\_\_\_\_\_ **per year\***

Food Stamps (SNAP) \$\_\_\_\_\_ **per year\***

Medicaid/CHIP received in 2024? Yes NO \$\_\_\_\_\_ **per year\***

Social Security Income (SSA/SSD, etc..) \$\_\_\_\_\_ **per year\***

*(Provide documentation for all recipients in household.)*

Social Security income (SSI Only) Total received in 2024: \$\_\_\_\_\_ **per year\***

*(Provide documentation for all recipients in household.)*

Student loans and/or grants received for PARENT's education

*(Not college attending dependents or students listed in Section 3.)*

a. Total Received in 2024 \$\_\_\_\_\_ **per year\***

b. Total used for living expenses \$\_\_\_\_\_ **per year\***

Housing Assistance (Sec.8, HUD, etc..) \$\_\_\_\_\_ **per year\***

Religious Housing Assistance (personage, manse, etc..) \$\_\_\_\_\_ **per year\***

Other:(Working for cash, Adoption and/or Foster Subsidy, Workers Comp, Disability, Pension, Retirement, etc.

*(Identify source(s) in Section 9), any and all Military/VA Benefits and/or Compensation Total received in 2023)* \$\_\_\_\_\_ **per year\***

Loans/Gifts from friends or relatives \$\_\_\_\_\_ **per year\***

Personal Savings/Investment Accounts used for household expenses \$\_\_\_\_\_ **per year\***

**Total non-taxable income for 2024** \$\_\_\_\_\_

**\*You must provide 2024 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/24-12/31/24**

**Business Office Only:** Received Date \_\_\_\_\_ Received by: \_\_\_\_\_

Total Income/Non-Taxable for 2024: \$ \_\_\_\_\_

- |                                   |                      |                            |                                 |
|-----------------------------------|----------------------|----------------------------|---------------------------------|
| a. Loss of Job                    | e. Bankruptcy        | l. Death in the family     | m. Medical/Dental expenses      |
| b. Recent Separation/Divorce      | f. College expenses  | j. Shared custody          | n. Shared Tuition               |
| c. Change in family living status | g. Income reduction  | k. High Debt               | o. Other (explain in Section 9) |
| d. Change in work status          | h. Illness or Injury | l. Child Support reduction |                                 |

### Section 8: Business Owners or Self-Employed Individuals (2024 Estimates)

\* If you have not filed your **2024** Tax Return, and are self-Employed, own a business, rental property, and/or a farm please provide an estimate of your income - **DO NOT LEAVE BLANK**

	<u>Schedule C</u>	<u>Schedule E</u>	<u>Schedule F</u>
1. What is your total estimated GROSS business income?	\$ _____	\$ _____	\$ _____
2. What is your total NET business taxable income/loss? (DO NOT LEAVE BLANK)	\$ _____	\$ _____	\$ _____
3. If your business pays your home rent or mortgage, what is the annual total?		\$ _____	
4. If your business pays for your personal automobile, what is the annual total?		\$ _____	
5. If your business pays any portion of other personal expenses, list total amount and explain in Section 10.		\$ _____	
6. If you own rental property: What was the total amount of Rental Income received?		\$ _____	

### Section 9: In a separate Sheet, please explain the reason for requesting tuition assistance.

**Application must be completed and submitted on or before April 4, 2025 No exceptions.**

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

Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

**Keep a copy of this completed application and all documentation for your records.**