



2017 – 2018 Application for Financial Aid

Student Information

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Family Information

Father's Name: _____
(Last) (First) (Religion)

(Occupation) (Employer) (Work Phone)

(Cell Phone) (Email) Alumnum: Yes No

Mother's Name: _____
(Last) (First) (Maiden) (Religion)

(Occupation) (Employer) (Work Phone)

(Cell Phone) (Email) Alumnum: Yes No

Students Live With: Both Parents Mother Father Other: _____

Parish*: _____
(Name) (Town) (Envelope Number)



Financial Information

Father's Gross Income: _____

Mother's Gross Income: _____

*please include current copies of W-2's and 2016 Income Tax Return. The application will not be processed without them.

Parents Other Income: (please list any taxable or nontaxable income: interest, dividends, capital gains or returns etc. Also please include social security, AFDC, Unemployment Compensation and any other form of income.)

Please provide on a separate sheet any additional information that demonstrates need as well as a list of itemized monthly expenses.

Siblings Currently Attending School or College

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Please return your completed application, W-2's and 2016 Income Tax Forms to:

St. Bernard Church
426 Hazard Avenue
Enfield, CT 06082

Applications are **Due No Later than April 30th** for the upcoming school year.



Expense	Amount Per Month
Rent / Mortgage	
Heating	
Electric	
Telephone	
Cable	
Clothing	
Water	
Car Payments	
Car Insurance	
Gas (auto)	
Food	
Health Insurance	
Medicine	
Dental Expense	
Credit Cards	
Entertainment	
Miscellaneous	
School Tuition	
Day Care	
Total	