



St. Bernard
Catholic School



2019 – 2020 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) Alumna: Yes No

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

(Occupation) (Employer) (Work Phone)

(Cell Phone) (Email) Alumna: 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 2018 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 2018 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 | |



232 Pearl Street, Enfield, CT 06082 Phone (860) 745-5275
www.sbsenfield.org

Where Faith and Knowledge Meet...

Referral Form

Student Name: _____

Parent Name: _____

Referring Family: _____

I, _____, state that my family and I were referred to attend St. Bernard School by the above listed family.

Incoming Parent Signature

Date

I, _____, agree that I referred the above listed family to attend St. Bernard School. I understand that I will receive a referral bonus of \$250 off my tuition bill when this family has attended St. Bernard School for one full year.

Current Parent Signature

Date