

**Financial Aid Institutional Application 2019-2020**

Please return this completed form to the Admissions/Financial Assistance Office  
by **December 14, 2018.**

Today's Date \_\_\_\_\_

Student's Name (1) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (2) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Parish \_\_\_\_\_

I have applied for financial aid through the FACTS Grant & Aid Assessment:  
YES \_\_\_\_\_ NO \_\_\_\_\_ Date Sent \_\_\_\_\_

Indicate total benefits received in 2018 by parents through the following programs:

2018 Total Social Security \$ \_\_\_\_\_

2018 Total Child Support \$ \_\_\_\_\_

2018 Total Aid to Family with Dependent Children \$ \_\_\_\_\_

Parent Investments:

Combined Parent Income \$ \_\_\_\_\_

Cash, Savings, Checking \$ \_\_\_\_\_

Investments Value \$ \_\_\_\_\_

Type of Investments \_\_\_\_\_

List Market Value of Home/Properties

Address 1 \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Outstanding Mortgage \$ \_\_\_\_\_

Address 2 \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Outstanding Mortgage \$ \_\_\_\_\_

If the student has already been awarded any scholarships from outside organizations for the 2019-2020 school year, list the name and amount of each scholarship.  
 (Please provide official documentation to the Admissions/Financial Assistance Office).

Name of Scholarship \_\_\_\_\_ \$ \_\_\_\_\_  
 Name of Scholarship \_\_\_\_\_ \$ \_\_\_\_\_

**READ CAREFULLY AND FILL IN COMPLETELY**

List the name, age, and relationship to you (the parent) of the people you (and/or your spouse) will support between July 1, 2019 and June 30, 2020. Include yourself, your spouse, and your dependent children. Include other people only if they lived with you and received more than one-half of their support from you (and/or your spouse) at the time you completed the FACTS Grant & Aid Assessment and will continue to receive this support between July 1, 2019 and June 30, 2020. If a household member will be enrolled for at least 12 credits in at least one term between July 1, 2019 and June 30, 2020, list the institution they will attend, if they will be full or part-time, and the amount you (or your spouse) will pay.

**Name**            **Date of Birth**            **Relation**            **School**            **Full or Part-time**            **Cost**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please inform the Saint John’s Financial Assistance Committee of any special circumstances (loss of employment or income, family death, etc.) that you believe should be included in this financial report. You may attach a letter explaining the situation if further clarification is needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION**

*I certify that the information is correct at this time and I will send timely notice of any significant changes to my family situation. I understand that the said information is confidential, but may be shared with members of the Saint John’s Financial Assistance Committee.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Person completing this form)

Spouse’s Signature \_\_\_\_\_ Date \_\_\_\_\_