



Holy Child Academy

Financial Aid Application

DIRECTIONS FOR FILING: This form **MUST** be submitted with a complete copy of your most recent tax return (IRS 1040) including your W-2 earnings statement and supporting documents. PLEASE DO NOT SEND ORIGINALS. Copies cannot be returned.

Student Name(s) _____ Grade(s)(entering September 2018) _____

PARENTS' CONFIDENTIAL STATEMENT

All information is confidential and will be reviewed by the Financial Aid Committee who will not discriminate on the basis of race, color, nationality or ethnic origin. Scholarship awards are made on the basis of need. If assistance is needed to complete this form, contact the Admissions Office at (516) 626-9300 Ext. 150.

RETURN THIS FORM ALONG WITH SUPPORTING DOCUMENTS TO:

Cathy Baum, Business Office
Holy Child Academy
25 Store Hill Road
Old Westbury, NY 11568
(516) 626-9300 Ext. 155

Father's Name _____ Occupation _____
Mother's Name _____ Occupation _____
Address _____ Phone _____
Town _____ Zip _____

1. List all information for each dependent child

Name	Age	Grade	School	Tuition

2. Other dependents?

Explain _____

3. Other income or benefits (car/housing allowance, pension, social security, spousal and child support, etc.)
List with amount of monthly income or benefit.

_____ \$ _____

4. Housing:
OWN: Purchase Date: _____ Price: \$ _____ Monthly Mortgage: \$ _____
RENT: Monthly Rent: _____ Utilities included? Yes _____ No _____

5. Bank Accounts (list each with current balance)

_____ \$ _____
_____ \$ _____
_____ \$ _____

6. Indebtedness (list each and in case of credit cards, give example of purchase)

TOTAL INDEBTEDNESS \$ _____

7. Automobiles (year and make)

(1) _____
(2) _____

8. Other Assets (boat, vacation/second home or other property)

_____ Value \$ _____
_____ Value \$ _____

9. Contributions to charitable organizations in last taxable year:

_____ \$ _____
_____ \$ _____

10. AMOUNT OF SCHOLARSHIP ASSISTANCE YOU ARE REQUESTING

Please use this space to explain any extenuating financial circumstances that may not appear on your tax return, (i.e. period of unemployment, medical, disability, etc.)

I/we certify that statements contained herein are true and correct. If knowledge of circumstances change, I/we will notify the scholarship committee immediately. The penalty of not complying with this may be forfeiture of financial aid awards.

Signed _____
(Parent/guardian) (date)

Signed _____
(Parent/guardian) (date)