

**Applications Due January 10, 2025**

**NOTRE DAME HIGH SCHOOL**

CONFIDENTIAL

**SUPPLEMENTAL APPLICATION  
FOR  
FINANCIAL ASSISTANCE**

Name of Student \_\_\_\_\_ Grade in 2025-26 \_\_\_\_\_  
Name of Parents\* \_\_\_\_\_

*For Office Use Only*  
New Application? \_\_\_\_\_ Renewal? \_\_\_\_\_ Prior year Grant \_\_\_\_\_

*\* If Divorced, Separate Applications are required for each parent with financial responsibility for student*

**PART 1: PARENT/GUARDIAN INFORMATION**

Student's Name \_\_\_\_\_ Grade in 2024-2025 \_\_\_\_\_

Student's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Street and Number

City

Zip Code

**Family Information**

Parent(s) with legal custody of student: \_\_\_\_\_

Marital Status (check one):

Married to each other \_\_\_\_\_; Separated on \_\_\_\_\_ (date); Divorced on \_\_\_\_\_ (date)

**Parent**

\_\_\_\_\_ Last Name First name

Employment Status (check one) Full Time \_\_\_ Part time \_\_\_ Not Employed \_\_\_

\_\_\_\_\_ Name of Employer Length of Service

**Parent**

\_\_\_\_\_ Last Name First name

Employment Status (check one) Full time \_\_\_ Part time \_\_\_ Not Employed \_\_\_

\_\_\_\_\_ Name of Employer Length of Service

**Note: Notre Dame High School holds both parents responsible for the tuition for their daughter. If separated or divorced, both parents should complete a financial aid application. Only a parent who has completed an application will be considered for financial aid. All pertinent court documents must be submitted with your application.**

Remarried: \_\_\_\_\_ Mother to (name)  
\_\_\_\_\_ Father to (name)

Student lives with: \_\_\_\_\_

Does a step-parent or other live-in adult contribute to the household income and/or expenses: **Yes / No**

If yes, please provide answers to the following two questions:

1) How much income does this person contribute to the household: \$ \_\_\_\_\_

2) How much does this person contribute to the household expenses: \$ \_\_\_\_\_

**PART 2: DEPENDENTS**

**Dependent 1**

\_\_\_\_\_ Last Name First Name

Grade Tuition Financial Aid  
(Fall 2024) \_\_\_\_\_ School Name \_\_\_\_\_ Amount \$ \_\_\_\_\_ last year \$ \_\_\_\_\_



**CURRENT FAMILY INCOME INFORMATION**

**Gross Monthly Income**

Monthly income from all sources:  
 \_\_\_ Father, \_\_\_ Step-Father, \_\_\_ Male Guardian-monthly wages/tips..... \$ \_\_\_\_\_  
 \_\_\_ Mother, \_\_\_ Step-Mother, \_\_\_ Female Guardian-monthly wages/tips..... \$ \_\_\_\_\_  
 Monthly pre-tax contribution to 401k, 403b accounts, etc. \$ \_\_\_\_\_  
 (Note: If you contribute to a 401k, 403b account, etc. We consider that income that can be used to pay tuition)

Business Income from self-employment (if applicable)  
 Gross Income \$ \_\_\_\_\_  
 Depreciation and other Non- Cash Deductions on Business Taxes \$ \_\_\_\_\_  
 Net Profit \$ \_\_\_\_\_  
 Your Annual Salary (If you receive one in addition to the net profit) \$ \_\_\_\_\_  
 Total Personal Expenses paid by business  
 (e.g. mortgages, vehicles, insurances...) \$ \_\_\_\_\_

Student gross monthly income..... \$ \_\_\_\_\_  
 Interest and Dividends..... \$ \_\_\_\_\_  
 Income from monthly alimony..... \$ \_\_\_\_\_  
 Income from monthly child support..... \$ \_\_\_\_\_  
 Contribution from others for student's education (from whom? \_\_\_\_\_)..... \$ \_\_\_\_\_

Other family income:  
 Inheritance..... \$ \_\_\_\_\_  
 Relatives..... \$ \_\_\_\_\_  
 Income property..... \$ \_\_\_\_\_  
 Location(s) \_\_\_\_\_ Market value \$ \_\_\_\_\_ (in U.S. dollars if foreign)  
 \_\_\_\_\_ \$ \_\_\_\_\_ (in U.S. dollars if foreign)

Worker's compensation and/or Unemployment/Disability income..... \$ \_\_\_\_\_  
 previous year? \$ \_\_\_\_\_  
 Social Security and/or Pension..... \$ \_\_\_\_\_  
 previous year? \$ \_\_\_\_\_  
 Other than above: Source(s)..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total Gross Monthly Income: \$ \_\_\_\_\_**

Do Both Parents Work: **Yes / No** Do parents have any children that are **not** school age: **Yes / No**

\*\* If No to both questions above, please include a statement as to why both parents do not work on page 5.

**BANKING RELATIONSHIPS** (Please list all offshore accounts, if applicable)

\_\_\_ Father, \_\_\_ Step-Father, \_\_\_ Male Guardian  
 Checking Bank \_\_\_\_\_, Current balance \$ \_\_\_\_\_  
 Savings Bank \_\_\_\_\_, Current balance \$ \_\_\_\_\_  
 \_\_\_ Mother, \_\_\_ Step-Mother, \_\_\_ Female Guardian  
 Checking Bank \_\_\_\_\_, Current balance \$ \_\_\_\_\_  
 Savings Bank \_\_\_\_\_, Current balance \$ \_\_\_\_\_  
 Student.....  
 Checking Bank \_\_\_\_\_, Current balance \$ \_\_\_\_\_  
 Savings Bank \_\_\_\_\_, Current balance \$ \_\_\_\_\_

**Retirement, Brokerage, 529 Accounts and Other Savings Accounts** (indicate which)

Bank or savings firm	Type of account *	Account Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\*Pension/Retirement (SEP, KEOGH, 401k, ROTH, 403b, etc., other pension), brokerage, savings, 529, offshore accounts

**Do you have access to a credit line or Home Equity Line of Credit?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Credit Limit \_\_\_\_\_ Current Balance \_\_\_\_\_

**PART IV: FAMILY EXPENSE**

List all creditors, describe goods and services for which payment is due and state the monthly payment as well as the unpaid balance.

<u>Creditor name</u>	<u>Goods or Services</u>	<u>Total Amt. Owed</u>	<u>Mo. Pymt</u>
_____	Landlord or mortgage holder	\$ _____	\$ _____
_____	Insurance premiums	\$ _____	\$ _____
_____	Alimony/child support payment	\$ _____	\$ _____
_____	Utilities (PG & E, water...)	\$ _____	\$ _____
_____	Car payments	\$ _____	\$ _____
_____	Food	\$ _____	\$ _____
_____	Clothing	\$ _____	\$ _____
_____	Property Taxes	\$ _____	\$ _____
_____	Medical Expenses	\$ _____	\$ _____
_____	Dental Expenses	\$ _____	\$ _____
_____	Credit Card (name)	\$ _____	\$ _____
_____	Credit Card (name)	\$ _____	\$ _____
_____	Credit Card (name)	\$ _____	\$ _____
_____	Credit Card (name)	\$ _____	\$ _____
_____	Home Equity Line of Credit	\$ _____	\$ _____
_____	Tuition (other dependents)	\$ _____	\$ _____
_____	Club Sports/related activities	\$ _____	\$ _____
	<b>Total Monthly Expenses</b>	<b>\$ _____</b>	

**EXTRA MEDICAL EXPENSES**

List below any medical expenses not included above and are not covered by medical insurance.

<u>Description</u>	<u>Amount</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____	_____

List any additional extraordinary expenses: \_\_\_\_\_

**INCOME & EXPENSE SUMMARY**

Total gross monthly Income (from pg 3).	\$ _____
Total Monthly Expenses (from above)	\$ _____
Payroll Taxes withheld	\$ _____
<b>Available Monthly Income</b>	<b>\$ _____</b>

**Based on all of the information provided on income, expenses, and special circumstances, how much tuition do you believe you can afford to pay Notre Dame High School each month?**

**(This must be completed)**

**\*\* \$ \_\_\_\_\_**

**\*\* Note: Our expectation is that this value will match the "Available Monthly Income" line above, if it does not, please provide an explanation for the variance below:**

\_\_\_\_\_



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## **PARENT'S CERTIFICATION AND AUTHORIZATION**

We declare and certify that all the information we have provided in this Financial Aid Application is, to the best of our knowledge, accurate and complete. Furthermore, we authorize Notre Dame High School to verify any and all of the information we have herein reported by any means necessary, including but not restricted to, obtaining credit reports, verifying employment, verifying credit account balances, etc.

We understand that the penalty for incomplete or inaccurate reporting, as required in this form, will obligate us to pay full tuition and any fees for the year. In addition, we agree to pay any obligations to Notre Dame High School not covered by Financial Aid, should it be granted, in a timely fashion as promised in the Tuition Contract.

We understand that if we are granted a financial aid award, that we must keep the award granted confidential and between the school and my family. I understand that any disclosure to anyone other than the school puts us at risk of losing the award.

**We also understand that all overdue 2024-2025 tuition and fee balances must be paid before any 2025-2026 financial aid is distributed.**

### **SIGNATURES**

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

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

\_\_\_\_\_ Date \_\_\_\_\_  
Student A

\_\_\_\_\_ Date \_\_\_\_\_  
Student B (if application covers more than one Notre Dame High School financial aid student applicant)