Applications Due January 9, 2026

NOTRE DAME HIGH SCHOOL

CONFIDENTIAL

SUPPLEMENTAL APPLICATION FOR FINANCIAL ASSISTANCE

Name of Student _____ **Grade in 2026-27**_____
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**

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PART 1: PARENT/GUARDIAN INFORMATION

Family Information

Parent(s) with legal custody of student:_____

Marital Status (check one):

Married to each other_____; Separated on _____(date); Divorced on _____(date)

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 stepparent 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 2026)_____ School Name_____ Amount $_____ last year $_____

Dependent 2

_____ _____

Last Name First Name

Grade Tuition Financial Aid

(Fall 2026)_____ School Name_____ Amount $_____ last year $_____

Dependent 3

_____ _____

Last Name First Name

Grade Tuition Financial Aid

(Fall 2026)_____ School Name_____ Amount $_____ last year $_____

PART 3: FAMILY ASSETS

If you own your home Current market value: $_____ (Please base off of Zillow.com "Zestimate")

Mortgage balance: $_____

Property Taxes (not included in mortgage payments): $_____

If you own real estate other than your principal residence, please answer the following:

Type of real estate? (Check all that are applicable)

____ Vacation Home ____ Residential Rental Property ___Commercial Rental Property

____ Foreign Property (Country _____)

Estimated current market value:_____ (in U.S. dollars if foreign, if U.S. property please base the value off of Zillow.com "Zestimate")

Total purchase price:_____ Current Mortgage balance: _____

Monthly Rental Income: _____ (in U.S. dollars if foreign)

Other assets

List all family automobiles, trucks, RV's, boats, etc. and the primary driver of each.

Model	Make	Year	Driver	Model	Make	Year	Driver

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CURRENT FAMILY INCOME INFORMATION **Gross Monthly Income**

Monthly income from all sources:

___Father, ____Stepfather, _____Male Guardian-monthly wages/tips…… $_____

___Mother, ____Stepmother, ____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 4.

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

___Father, ___Stepfather, ___Male Guardian
Checking Bank_____, Current balance $_____
Savings Bank_____, Current balance $_____

___Mother, ___Stepmother, ___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), brokerage, savings, 529, offshore accounts

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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.

Creditor name	Goods or Services	Total Amt. Owed	Mo. Pymt
_____	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	$_____	$_____
	Total Monthly Expenses	$_____	

EXTRA MEDICAL EXPENSES

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

Description	Amount	Description	Amount

List any additional extraordinary expenses: _____

INCOME & EXPENSE SUMMARY

Total gross monthly Income (from pg 2)	$_____
Total Monthly Expenses (from above)	$_____
Payroll Taxes withheld	$_____
Available Monthly Income	$_____

The information above should assist you in making a decision about how much tuition you believe you can afford to pay Notre Dame High School each month.

How much tuition do you believe you could pay Notre Dame towards the entire 2026-2027 Annual Tuition: $

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PART V: Special Circumstances and other Information

Please use the space below to provide any additional information, which might assist the financial aid committee. Describe any unusual circumstances which impact your financial status or ability to pay tuition. These might include any adult dependents, medical situations, or other unique circumstances.

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 2025-2026 tuition and fee balances must be paid before any 2026-2027 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)