

Catholic Diocese of Memphis
 Our Lady of Perpetual Help Catholic School
 Financial Assistance Application Form
 2020 - 2021

Part A: *Parent or Guardian Information:*

This information is for (circle one): Father Mother Stepmother
 Stepfather Grandparents
 Other _____

Last Name	First Name	Middle Initial
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Home Address (number, street, city, and zip code)

Your place of employment	Your employer's address
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Your occupation or job title	Your phone number at work
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Part B: *Second Parent or Guardian Information:*

Last Name	First Name	Middle Initial
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Home address (if different from above)

Place of employment	Employer's address
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Occupation or job title	Your phone number at work
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Part C: *Family Information:*

Give the number of family members who will be in your household during the 2020 - 2021 school year:

Parents _____ Children _____ Other adult wage-earners _____
Other adults (for example, grandparents) in your care _____

Part D: *If you are divorced or separated, please complete this section:*

When were you divorced? (Month and year) _____

Give the complete name of your former spouse _____

Amount of child support you were awarded, per year: _____

When will child support end? _____

Part E: *All children for whom your now pay day care fees or school tuition:*

Please list all children in your household who are now in school or day care, name of the school, and amount of tuition or fee:

Part F: Income. YOU MUST INCLUDE A COPY OF YOUR W-2 FORM, OR A PAYCHECK STUB WITH A LETTER FROM YOUR EMPLOYER TO VERIFY ALL AMOUNTS THAT YOU LIST HERE. YOUR APPLICATION FOR A SCHOLARSHIP WILL NOT BE PROCESSED WITHOUT THIS VERIFICATION.

How many dependents did you claim for 2019? _____

How many will you claim in 2020? _____

Father/Stepfather/Guardian's TOTAL 2019 income _____

Expected 2020 income? _____

Mother/Stepmother/Guardian's TOTAL 2019 income _____

Expected 2020 income? _____

Any income from self employment for 2019? _____

Any expected for 2020? _____

Any 2019 income from alimony, unemployment, stocks, etc? _____

Any expected for 2020? _____

Any 2019 medical expenses not covered by insurance? _____

Any expected for 2020? _____

NON-TAXABLE INCOME: List monthly amounts from any source listed below, that you received in 2019:

Child support _____ Families First/Welfare/AFDC _____

Food Stamps _____

Do you rent _____ or own _____ your home?

What is your monthly payment? _____

Do you own any stocks, bonds, or real estate? _____ If "yes", what is their value? _____

What will be your projected contribution towards tuition and fees? How much can you expect to contribute towards the total cost of your child's education? _____

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT, AND THAT IT IS AN ACCURATE STATEMENT OF MY FAMILY'S FINANCIAL SITUATION. I HAVE ENCLOSED COPIES OF MY W-2 FORM(S), OR A CHECK STUB WITH A LETTER FROM MY EMPLOYER TO VERIFY ALL FINANCIAL INFORMATION. I UNDERSTAND THAT FALSE INFORMATION MAY DISQUALIFY ME FROM RECEIVING SCHOLARSHIP ASSISTANCE. IF I AM AWARDED A SCHOLARSHIP, I UNDERSTAND THAT TUITION PAYMENTS MUST BE UP TO DATE FOR MY CHILD'S SCHOLARSHIP TO CONTINUE.

PARENT'S NAME AND SIGNATURE

DATE

YOUR CHILD'S (CHILDRENS) NAME

NAME OF SCHOOL

Please return all information to Cristy Sneed,
Principal, by March 15, 2020.

Our Lady of Perpetual Help School
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Germantown, TN 38138-6138
901-753-1181
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