

Financial Aid Application

**Notre Dame Elementary
2019-2020 Academic Year**

Send completed application to:

*Notre Dame Elementary School
Scholarship Application
1401 Gallia St.
Portsmouth, Ohio 45662*

Deadline Date: April 30, 2019

Family Last Name: _____

Street Address: _____

City: _____ *State:* _____ *Zip:* _____

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Notre Dame Elementary

Part 1 **Student Information**

1. Give the following information about the student applying for the tuition assistance:

Student Name _____ Entering Grade: _____

Family Name _____

Address: _____

Phone: _____

Part 2 **Family Information**

1. Number of children in family: _____

2. Number of children attending NDHS: _____

3. Number of children attending NDE: _____

4. Number of children attending college: _____

5. Check one of the following:

two parent family parents are divorced

parents are separated one parent deceased

Part 3 **Income Information**

Total family monthly net income \$ _____

Part 4 **Expense Information**

Monthly payment on mortgage/rent \$ _____

Monthly utilities \$ _____

Monthly automobile payments \$ _____

Monthly credit card expenses \$ _____

Monthly child support paid \$ _____

Medical/Dental expenses not covered by insurance \$ _____

Monthly cost of food (grocery) \$ _____

Part 5 Tuition Expense Information

- 1. In what parish are you registered? _____
- 2. Have you sought tuition assistance from your parish? Yes No
If Yes, what amount have you requested? _____
- 3. Are there any children in the household with any disabilities which place an added burden on family finances? Yes No
- 4. Is the parent who is the primary wage earner currently unemployed or has he/she been unemployed within the last 18 months? Yes No
- 5. If unemployed, is the primary wage earner job-seasonal? Yes No
- 6. Under the new tuition, what is the total amount of tuition you would be paying to NDHS: _____
to NDE: _____
- 8. Amount of tuition relief you request for 2019-2020: _____

Part 6 Briefly explain any unusual circumstances:

Signature of person completing this form: _____ Date: _____

For Official Use Only

This request is: Approved Not Approved

The total amount of Financial Aid awarded \$ _____