

# **IMMACULATE CONCEPTION PARISH**

## APPLICATION

For:

Academic Financial Assistance

(Grades K – 12)

### ***STUDENT APPLICANT***

---

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

---

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender: M F**

---

**Current Address:** \_\_\_\_\_ **City & State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

---

**Email Address** \_\_\_\_\_ **Native Language:** \_\_\_\_\_ **Secondary Language:** \_\_\_\_\_

---

**Citizenship:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Parish/Church You Attend** \_\_\_\_\_

---

**Grade Level for Assistance Requested** \_\_\_\_\_ **School You Wish to Attend** \_\_\_\_\_ **For what school year requested?** \_\_\_\_\_

**Does your family attend church on a regular basis? (Circle one.)**    Yes    No    Sometimes

**Is your family registered with the parish?**    (Circle one.)    Yes    No    **Year Registered** \_\_\_\_\_

***PARENT/GUARDIAN INFORMATION***

---

**Father's Name (Last, First, MI)**

**Mother's Name (Last, First, MI)**

---

**Current Address:**

**Apartment/House Number:**

**Street:**

**City & State:**

---

**Home Phone Number:**

**Work Phone Number:**

---

**Email Address**

**Native Language:**

**Secondary Language:**

---

**Citizenship:**

**Religion:**

**Parish/Church**

---

**Address of Parish/Church:**

**Phone Number of Parish/Church**

***PARTICIPATION IN PARISH MINISTRIES***

**Circle the ministries in which you (or your child) are actively participating.**

Extraordinary Minister of the Eucharist

Altar Linens

Ministers to the Sick

Sacristan

Reader/Lector

Bereavement Committee

Altar Server

Bible Study (Group? \_\_\_\_\_)

Usher

Women's Guild

Choir

Parish Advisory Board

Religious Education (Teachers, Assistants, Staff)

Special Events Committees (What? \_\_\_\_\_)

RCIA

Other (What? \_\_\_\_\_)

**FINANCIAL INFORMATION**

**ATTACH A COMPLETE COPY OF YOUR LAST YEAR'S FEDERAL INCOME TAX RETURN.**

---

**Father's Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

---

**Mother's Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

---

**Are you providing support for persons who cannot be claimed as dependents? (Children, Parents, Grandparents, Other) \_\_\_\_\_**

**If so, what is their relationship? \_\_\_\_\_**

**What is the total of all the costs of sending your child to the requested institution for the year?**

**Tuition** \_\_\_\_\_

**Registration Fees** \_\_\_\_\_

**Book fees** \_\_\_\_\_

**Uniforms** \_\_\_\_\_

**Total** \_\_\_\_\_

**Have you applied for tuition/fee reduction from the institute your child will be attending?    Yes    No**

**If yes, what will be your total out-of-pocket cost after the reduction? \_\_\_\_\_**

**After completing this form, please attach a one page statement of why you need assistance to send the applicant to a Catholic Educational Institution. Include in this statement broad categories of monthly income and expenses.**

**Since this program is designed to provide only a reduction of total tuition costs in order to bring the expenses down to a more manageable level for parish families, how do you plan to cover the remainder of tuition and educational expenses (personal operating funds, savings, loans, tuition/fees reduction, other scholarships or assistance programs, etc.)?**

**Signature** \_\_\_\_\_