## Our Lady of the Sacred Heart Academy

## \_\_\_\_\_

## FINANCIAL AID APPLICATION Please print or type. Name of parent(s) or guardian(s) applying for aid: Name of Father or Male Guardian Name of Mother or Female Guardian Family Address: Street City State Zip Home Phone Work Phone Mobile Phone Email Names of all children in the family in order from oldest to youngest: Name Date of birth Expected Will attend grade level OLSHA?

All financial aid awarded by OLSH Academy is awarded on the basis of economic need. OLSH Academy does not discriminate on the basis of race, color, and/or national or ethnic origin in the administration of its educational policies, aid programs or other school-administered programs.

Please attach copies of your most recent federal and state income tax returns including copies of all schedules and W2 forms. If you are married and filing separately, both spouses' tax returns must be attached.

Please answer the following questions. A	ttach additional sheet	s if necessary
--	------------------------	----------------

Please answer the following questions. Attach additional sneets if necessary.		
Does your family have any non-taxable income? If so, what type and how much? (Include non-taxable IRA distributions, child support, social security benefits, government assistance, etc.)		
Are there any recent changes in your income or liabilities not reflected in your latest tax returns (such as loss of job, medical expenses, etc.)? If so, please describe in detail.		

Do any of your children have his/her own trust fund for educational expenses, or other source of income? If so, describe type and amount of income.

Please list your family's assets (worth more than \$2,000) and their approximate value, including equity in a home, automobile, real estate, recreational vehicles, paid-up life insurance policies, etc.?

Please enter the amount you feel you are able to pay:  Total financial aid sought:  I (We) certify that all information on this form and correct.	\$ \$ its attachments is substantially true and Date	
Please enter the amount you feel you are able to pay:  Total financial aid sought:  I (We) certify that all information on this form and	\$	
Please enter the amount you feel you are able to pay:	\$ \$	
	\$	
Please enter total amount of tuition for the coming year	r: \$	
Every family who sends children to Our Lady of the as much of the cost of the education of their children effort to keep the tuition costs down; the cost of tuition the operations of OLSH Academy. Additional costs of our donors. In justice, then, it is important that exacrifice it can to pay as much of the tuition price as do you think that your family is able to pay?	n as possible. We have made a consideration does not cover the true per-pupil cost are covered by the generosity and sacrifusery family make whatever financial	ble t of ice
Are there any circumstances which you think make you so, please describe them in detail.	ur family especially in need of financial aid	? If