St. Louis Catholic Academy Financial Aid Application for 2019-2020 School Year

INCOME ELIGIBILITY – All figures represent **maximum** eligible incomes per household size.

INCOME ELIGIBILITY GUIDELINES

Household Size	Award Eligibility 75% of tuition, up to	Award Eligibility 50% of tuition, up to	Award Eligibility 25% of tuition, up to
	\$2,000	\$2,000	\$2,000
2	Less than \$16,460	up to \$30,451	up to \$44,442
3	Less than \$20,780	up to \$38,443	up to \$56,106
4	Less than \$25,100	up to \$46,435	up to \$67,770
5	Less than \$29,420	up to \$54,427	up to \$79,434
6	Less than \$33,740	up to \$62,419	up to \$91,098
7	Less than \$38,060	up to \$70,411	up to \$102,762
8	Less than \$42,380	up to \$78,403	up to \$114,426

Eligibility Requirements

- 1. Completed application with Today and Tomorrow Educational Foundation (TTEF)
 - a. Help for Today Hope for Tomorrow Scholarship OR
 - b. Jones Scholarship
- 2. Completed student application(s) including full payment of application fee(s)
- 3. Completed Questionnaire (reverse)

Parent/	Guardian In	formation				
First Nan	ne	Middle	Name	Last Name		
Home Ad	ddress	51		City / State	/ ZIP	
Home Ph	none	10	Cell Phone	Aca	Work Phor	ne
Email Ad	dress					/
Student	Informatio	n				
Name				G	irade (19-20)	
Name				G	irade (19-20)	
Name				G	irade (19-20)	
Name				G	irade (19-20)	

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Questionnaire

Additional Circumst Check all that apply	ances to your situation within the	e past 12 months:	
Loss of job		College expenses	☐ High debt
Recent separati	ion/divorce	☐ Income reduction	☐ Child support reduction
☐ Change in famil	y living status	☐ Illness or injury	Medical/Dental expenses
☐ Change in work	status	Death in the family	☐ Shared tuition
Bankruptcy		Shared custody	Other (Explain below)
Please describe why	your family is se	eeking additional financial aid	I.
Please share any ad review.	ditiona <mark>l informa</mark> t	tion regarding your family tha	at you feel is important for
review.	WHAT IS NEE	DED TO PROCESS THIS APPL	CATION
review. (IF ANY OF THE FO	WHAT IS NEE		ICATION T BE CONSIDERED COMPLETE.)
review. (IF ANY OF THE FO	WHAT IS NEE OLLOWING IS MISSI lled out in its entirety, SI A 2017 or	DED TO PROCESS THIS APPLING, YOUR APPLICATION WILL NO	ICATION T BE CONSIDERED COMPLETE.)

Parent or Guardian (Section A)

Date

Parent or Guardian (Section B)

Date