



# Mercy Catholic High School Financial Aid Application

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Name of Parent(s)/Guardian(s)  
Requesting Financial Aid:

Name: \_\_\_\_\_

School Year that you are requesting funds for \_\_\_\_\_

This completed form and a copy of your most recent  
**1040 tax form** are due in to the MHS office  
no later than **APRIL 30.**

For Administrative Use Only

Date Received at MHS \_\_\_\_\_

**Parent/Guardian Information**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Have we granted financial aid to your family previously? Yes No

If yes, please report the amount and the year received \_\_\_\_\_

\*Student Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

\*Student's Name \_\_\_\_\_

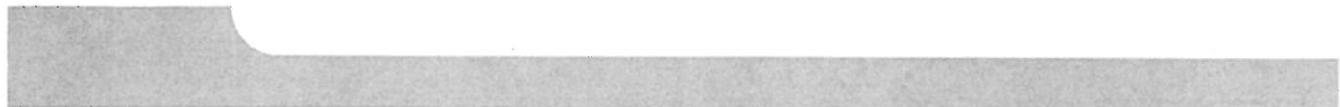
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

\*Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_



**List people who are in your home:**

Name	Relation to Student	Age	School	Tuition	Aid Received

**Annual Income \$** \_\_\_\_\_

**Source(s) of Income** \_\_\_\_\_

*(Please include Wages & Tips, Investments, Social Security, AFDC, Disability, Child Support, Alimony, etc.)*

*In our efforts to assist as many families as possible we ask that each applicant carefully review their own resources so that those who are truly in need may be served by the limited funds available. Are there any other funds that might be applied to the student's education, such as savings, legacies, gifts, trust funds, educational insurance, aid from relatives, friends or organizations? Please give details:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Religion of Father: \_\_\_\_\_ Church/Parish \_\_\_\_\_

Religion of Mother: \_\_\_\_\_ Church/Parish \_\_\_\_\_

Religion of Student(s): \_\_\_\_\_ Church/Parish \_\_\_\_\_

Please estimate how much tuition, per student,  
you can afford to pay? \$ \_\_\_\_\_ (per year)

Financial Assistance is determined on an as needed basis. Please briefly explain your reasons for requesting assistance with tuition.

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You must attach a copy of your most recent 1040 tax form.  
**YOUR REQUEST FOR ASSISTANCE WILL NOT BE  
EVALUATED WITHOUT A 1040 FORM**

I hereby state that all information contained herein is true and accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

