



ST. HILARY PARISH FOUNDATION

2750 West Market Street * Fairlawn, OH * 44333

SUPPLEMENTAL FINANCIAL INFORMATION FORM 2016-2017

Need-based scholarship applications cannot be processed until this form is completed. All information submitted on this form is confidential.

Name of Parent/Guardian _____

Home Address _____

Home Phone _____ Work/Cell Phone _____

Marital Status ____ Married ____ Widowed ____ Separated ____ Divorced ____ Single

Parish where you are a member _____

If you are NOT a member of a Catholic Parish, check here _____

Did you complete a PSAS application for consideration of Diocesan and St. Hilary tuition assistance?

_____ Yes _____ No

List children in your family who are attending / or will be attending St. Hilary School

Full Name	Relationship	Grade Level 2015-16
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL Lines in this section MUST be completed:

1. Father's/ Male Guardian's annual Income (if he is in household) \$ _____

2. Mother's / Female Guardian's annual income (if she is in household) \$ _____

3. If remarried, provide your spouse's annual income \$ _____

4. Add Lines 1,2, and 3 \$ _____

5. Annual income form (circle source(s)) Social Security, Child Support, Alimony, Welfare, veterans' Benefits, Workers' Comp, Unemployment Benefits. \$ _____

6. Add Lines 4 and 5 \$ _____

7. Number of full-time working parents/ guardians in home _____

8. Total exemptions claimed on tax return –or- number of family members _____

Living at home (if not tax return filed) _____

9. Annual rent/house payment including property taxes \$ _____

10. Amount of 2015-16 Tuition \$ _____

11. Add Lines 9 and 10 \$ _____

12. Subtract Line 11 from Line 6 \$ _____

13. Tuition Assistance Awarded _____

From Diocese \$ _____ From St. Hilary Parish \$ _____

Signature of Parents/Guardians _____ Date _____

NARRATIVE SECTION – To be completed by Parent/Guardian

Parent/Guardian: Please provide an explanation of why you are seeking assistance in the form of a need-based scholarship from the St. Hilary Foundation. Include all circumstances involved, i.e. unemployment, illness, death of spouse, etc.

Signature of Parent/Guardian _____ Date _____

**Return completed form along with scholarship application to
St. Hilary Parish Foundation * 2750 West Market Street * Fairlawn, OH * 44333**

COMMENTS OF PASTOR, PRINCIPAL OR BUSINESS MANAGER

Pastor: _____

Principal _____

BusinessManager _____

Signature of Pastor _____ Date _____

Signature of Principal _____ Date _____

Signature of Business Manager _____ Date _____