

2750 West Market Street * Fairlawn, OH * 44333

SUPPLEMENTAL FINANCIAL INFORMATION FORM 2018-2019

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

Name of Parent/Guardian			
Home Address			
Home Phone	Work/Cell Phone		
Home Phone Work/Cell Phone Marital Status Married Widowed Separated Divorced Single			
Parish where you are a n	nember		
	er of a Catholic Parish, check here		
Did you complete an application for consideration of Diocesan and St. Hilary tuition assistance? YesNo			
	nily who are attending / or will be attending St.	Hilary School	
	,		
Full Name	Relationship	Grade Level 2018-2019	
<u>ALL</u> Lines in this secti	on MUST be completed:		
1. Father's/ Male Guard	\$		
2. Mother's / Female Gu	\$		
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	t,	
	rans' Benefits, Workers' Comp, Unemploymen		
Benefits.		\$	
6. Add Lines 4 and 5		\$	
7. Number of full-time working parents/ guardians in home			
8. Total exemptions clair	med on tax return –or- number of family memb	oers	
Living at home (if not ta	x return filed)		
9. Annual rent/house payment including property taxes		\$	
10. Amount of Tuition paid this year		\$	
11. Add Lines 9 and 10		\$	
12. Subtract Line 11 fr	\$		
13. Tuition Assistance A			
From Diocese \$	From St. Hilary Parish \$		
Signature of Parents/Gua		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.	ation. Include an encumstances involved, i.e.	
Signature of Parent/Guardian	Date	
Return completed form along	with scholarship application to	
COMMENTS OF PASTOR, PRIN Pastor:	CIPAL OR BUSINESS MANAGER	
Principal		
BusinessManager		
Signature of Pastor		
Signature of PrincipalSignature of Business Manager	Date Date	