



# ST HILARY PARISH FOUNDATION

2750 West Market Street \* Fairlawn, OH \* 44333

## **SUPPLEMENTAL FINANCIAL INFORMATION FORM 2020-2021**

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 St. Hilary, Guardian Angels or St. Victor Parish, check here

Did you complete an 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 2020-2021
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **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 Tuition paid this year \$ \_\_\_\_\_

**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 \_\_\_\_\_

