



ST HILARY PARISH FOUNDATION

2750 West Market Street * Fairlawn, OH * 44333

SUPPLEMENTAL FINANCIAL INFORMATION FORM 2019-2020

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 2019-2020
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 from (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 _____

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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Parent/Guardian _____ Date _____

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