

ST. PATRICK'S SCHOOL  
Financial Aid Committee  
Financial Disclosure Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade(s) \_\_\_\_\_  
Name of Parent(s) \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_  
Parish of Residence \_\_\_\_\_  
Gross Annual Salary \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_  
Net Monthly \_\_\_\_\_  
Employer and Employer's Mailing Address \_\_\_\_\_

Name of Spouse \_\_\_\_\_  
Gross Annual Salary \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_  
Net Monthly \_\_\_\_\_  
Employer and Employer's Mailing Address \_\_\_\_\_

Other income (including child support and other unearned income). Please list source(s), frequency of receipt, and amount.

\_\_\_\_\_  
\_\_\_\_\_

Other family members supported by this income (names and ages)

\_\_\_\_\_

Do you have extraordinary expenses or financial commitments that help explain your need for financial aid? If so, explain briefly.

\_\_\_\_\_

Is there other information the committee should know with respect to your application?

\_\_\_\_\_

AMOUNT OF ASSISTANCE REQUESTED

\_\_\_\_\_

YOU MUST ATTACH A COPY OF THE FOLLOWING

1. Income portion of your most recent State and Federal income tax return.
2. A copy of your and your spouse's (where applicable) most recent pay stub.

This information is needed solely for verification. It will not be shared with anyone other than the Financial Aid Committee.