

FINANCIAL ASSISTANCE APPLICATION CHECK-LIST



The following must be submitted in order to be considered for Holy Trinity Financial Assistance:

- _____ COMPLETED & signed financial assistance application
- _____ 2009 Federal Tax Return (If you have not filed for 2009, please provide 2008 tax return.)
- _____ 2009 W-2s
- _____ Two (2) most recent pays stubs (January – February 2010)
- _____ Proof of federal and/or state aid: public assistance (Link, Medicaid, etc.), Social Security (SSI, SSD, etc.), unemployment, etc.
- _____ Proof of child support payments

SOLICITUD DE AYUDA FINANCIERA LISTA DE ENTREGA

RETURN TO/DEVUELVA A:

Maura Daly
Director of Recruitment
Holy Trinity High School
1443 W. Division St.
Chicago, IL 60642

DUE MARCH 30th

Hay que entregar estos documentos para ser considerado para ayuda financiera de Holy Trinity:

- _____ Solicitud de ayuda financiera, completa y firmada
- _____ Declaración de impuestos federales de 2009 (Si no tiene para 2009, entréguela de 2008.)
- _____ Formularios W-2 de 2009
- _____ Los dos recibos de sueldo mas recientes (enero y febrero de 2010)
- _____ Prueba de ayuda publica (Link, Medicaid, etc.), Seguro Social, (SSI, SSD, etc.), desempleo, etc.
- _____ Prueba de pagos de pensión alimenticia

FINANCIAL ASSISTANCE APPLICATION

DUE MARCH 30, 2010



**HOLY TRINITY
HIGH SCHOOL**
SINCE 1910

Please complete this ENTIRE application by March 30, 2010 and attach copies of your most recent Federal Income Tax Return (1040), W-2 statement, two (2) most recent pay stubs, proof of federal and/or state aid (public assistance, social security, unemployment, etc.) for each household wage earner. Incomplete applications will be returned. Late applications will be penalized.

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Student's Name

Last First Middle Current Grade

Mother/Guardian Name

Last First Middle

Father/Guardian Name

Last First Middle

Status of Parents:

Married Single Separated Divorced Deceased

The student currently lives with: Mother Father Both parents Guardian Other relative: _____

Street Address

Number and Street Unit / Floor / Apartment

City State Zip

Telephone Numbers

Home Cell Work

Who is/are the student's legal guardian(s)? _____

Please list all **persons living in the household:**

ADULTS (OVER 21 YEARS OF AGE)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OTHER CHILDREN (DEPENDENTS YOU ARE CURRENTLY SUPPORTING UNDER 21 YEARS OF AGE)

Name: _____ School: _____ Age: _____

Name: _____ School: _____ Age: _____

Name: _____ School: _____ Age: _____

Name: _____ School: _____ Age: _____

Name: _____ School: _____ Age: _____

(List additional adults/children on a separate paper and attach.)



