



Leavenworth Catholic Schools Application for Student Financial Assistance 2017-2018

1. Complete pages 1 and 2
2. Attach copy of most recent Income Tax Return (application cannot be processed without this or an explanation of why it is not available.)
3. Return to LRCSS Administration Office – 320 N. Broadway by **March 1, 2017**

PLEASE CIRCLE APPROPRIATE TITLE: MOTHER, FATHER, STEPFATHER, GUARDIAN, ETC.

FATHER STEPFATHER GUARDIAN

MOTHER STEPMOTHER GUARDIAN

Name _____ Age _____

Name _____ Age _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Workplace _____

Workplace _____

Please Circle One: Non-Catholic Catholic

Parish (where registered and contributing) _____

Please list all applicants seeking financial assistance for the 2017-2018 school year:

Name of student	M/F	Grade	Name of school last attended	Student lives with: Father, Mother, Both, Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide information below for all other student dependents you claim as Federal Tax deductions:

Name	Age	Living with family?	Name of school now attending	Educational expenses (tuition, fees, room/board)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many dependent children will be attending college next year? _____

***A copy of the Most Recent Federal Income Tax Return (1040, 1040A, 1040EZ) for Parents and Students applying for aid must be attached. Applications will not be processed without this information.**

If for some reason you are not required to file a tax return, please explain the reason below. Include the amount and source of your total income for the past calendar year. (A late filing is not acceptable.)

Please list your monthly financial commitments (house payment, car payment, etc.):

Make and year of car(s) in family:

Please list any social or recreational clubs requiring dues or fees over \$50 to which members of the family belong:

Enter here any special family circumstances the school should know about (For example, grandparents supported by the family, large debts, illness, etc.):

Would you be willing to provide assistance with work around the school?

Yes No

Does either parent have any special skills that we might be able to use as a part of your child's financial assistance package?

(plumber, electrician, carpenter, computer, etc...) Yes No

Have you spoken with your parish priest about financial assistance? Yes No

We declare that the information reported on this form, to the best of our knowledge, is true, correct and complete.

Date _____

Signature of Parents _____

Mike Connelly
Director of Student Financial Support and Family Assistance

DUE: MARCH 1, 2017

Please return application to:
Leavenworth Catholic Schools Financial Aid Office
320 N. Broadway
Leavenworth, KS 66048