

**WEST PHILADELPHIA CATHOLIC HIGH SCHOOL**  
**2010-11 FINANCIAL AID APPLICATION**  
*for the Classes of '11, '12, '13, '14*

**Student Name:** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Family Size** \_\_\_\_\_

<p><i><b>For Office Use Only</b></i></p> <p><i><b>Legacy:</b></i> _____</p> <p><i><b>Amount \$</b></i> _____</p>
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**Sources of Financial Aid:** Financial assistance is available from the following: Archdiocesan Tuition Assistance Program (TAP), Charles E. Ellis Grants, and West Catholic Grants. Forms are available in January at all high schools. All Applications must be returned by **Thursday, April 15, 2010**.

**Instructions for completing the West Catholic Financial Aid Application:** Please complete and sign the Financial Aid Application and hand it in with all the required documentation. Because annual income does not give an adequate financial picture, additional information on family expenses will be requested. All information is confidential. If you have any questions, please call the Admissions Office at 215-386-2244 ext. 241. The following should be mailed to the address below:

**Check as you complete:**

- Completed and Sign Application
- send a copy of your 2009 FORM 1040, 1040A, or 1040 EZ
- send a copy of your 2009 W2 Forms
- send a copy of any other documentation

**Application should be sent to: *West Catholic High School***  
***President's Office***  
***4501 Chestnut Street***  
***Philadelphia, PA 19139-3699***

We/I certify that all the information provided is true and complete to the best of our/my knowledge. We/I understand that all requested materials must be attached in order for the application to be processed, and that the application will not be processed if it is incomplete.

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**Signature of Parent's/ Guardian's (must be signed)**

**Date**

# PART I - STUDENT APPLICATION INFORMATION

1<sup>ST</sup> \_\_\_\_\_ Sex: ( ) Male \_\_\_\_\_  
Last First M.I. ( ) Female Grade Student Number

2<sup>nd</sup> \_\_\_\_\_ Sex: ( ) Male \_\_\_\_\_  
Last First M.I. ( ) Female Grade Student Number

3<sup>rd</sup> \_\_\_\_\_ Sex: ( ) Male \_\_\_\_\_  
Last First M.I. ( ) Female Grade Student Number

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student lives with: ( ) Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Guardian ( ) Other: Specify \_\_\_\_\_

Father: ( ) Living ( ) Deceased ( ) Disabled Mother: ( ) Living ( ) Deceased ( ) Disabled

Religion: ( ) Catholic if so what Parish: \_\_\_\_\_ ( ) Non-Catholic

## PART II - PARENT INFORMATION

(Father, Stepfather, Male Guardian)

(Mother, Stepmother, Female Guardian)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_ Years with Firm: \_\_\_\_\_  
( ) Full Time

Title: \_\_\_\_\_ Years with Firm: \_\_\_\_\_  
( ) Full Time

Employed by: \_\_\_\_\_ ( ) Part Time

Employed by: \_\_\_\_\_ ( ) Part Time

Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Widowed ( ) Separated ( ) Remarried

## PART III - Expense Summary

Please list all expenses and average monthly payments that you occur during the year!

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## PART IV - FAMILY DATA

List all dependent children including student applicants listed above and any other dependent adult in your household to be supported by you. Please list applicant(s) first. If you need additional space, please use a separate sheet of paper.

Full Name of Child	Age	Present School	Present Grade	Total Cost for year	Amount Paid by parent/guardian	From Grant/ Financial Aid
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## PART V - ANNUAL INCOME EXPENSES

If you were required to file a 2009 IRS FORM 1040, 1040A, 1040 EZ, then you **Must Remit** a signed copy of your completed tax return and complete Section A, C and the last page.

If you **Are Not Required** to file a federal tax return, then complete Sections B, C and the last page.

### A. Total Income from Tax Return:

Form 1040 (line 23) or Form 1040A (line 14) or Form 1040EZ (line 3)

#### Other Income and Benefits

Social Security	\$	_____
Aid to Families with Dependent Children	\$	_____
Child Support Received for All Children	\$	_____
D.P.A. Welfare Benefits	\$	_____
Worker's Compensation and/or Disability Benefits	\$	_____
Other (specify) _____	\$	_____

**TOTAL OTHER INCOME:** \$ \_\_\_\_\_

**B. We have Not Filed and Will Not File** a 2009 Income Tax Return 1040, 1040A, 1040EZ. Listed below are sources of income and the amount that are used to support living expenses in 2009.

(Please **Submit Proof** of amount listed)

Father's Earned Income	\$	_____
Mother's Earned Income	\$	_____
Interest Dividend Income	\$	_____
Business Income	\$	_____
Social Security	\$	_____
Aid to Families with Dependent Children	\$	_____
Child Support Received for All Children	\$	_____
D.P.A. Welfare Benefits	\$	_____
Unemployment Compensation	\$	_____
Worker's Compensation and/or Disability Benefits	\$	_____
Other (specify) _____	\$	_____

**Total Income Received: Parents Not Required to File Tax Returns:** \$ \_\_\_\_\_

<b>C.</b>	Total Cash, Savings, and Checking Balances	\$	_____
	Total Investments (stocks, bonds, etc.)	\$	_____

**TOTAL CASH BALANCES AND INVESTMENTS** \$ \_\_\_\_\_