

**St. James Academy  
Financial Assistance Application  
2012-13**

**Household Information**

<input type="checkbox"/> Father	First name: _____	<input type="checkbox"/> Mother	First name: _____
<input type="checkbox"/> Stepfather	Last name: _____	<input type="checkbox"/> Stepmother	Last name: _____
<input type="checkbox"/> Guardian		<input type="checkbox"/> Guardian	
	Date of birth: _____		Date of birth: _____
<input type="checkbox"/> Full time	<input type="checkbox"/> Not employed	<input type="checkbox"/> Full time	<input type="checkbox"/> Not employed
<input type="checkbox"/> Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Part time	<input type="checkbox"/> Retired
<input type="checkbox"/> Self employed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Self employed	<input type="checkbox"/> Disabled

**Please list all applicants seeking financial assistance for the 2012-13 school year:**

Student name: _____	HS graduation year: _____	Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother
		<input type="checkbox"/> Both <input type="checkbox"/> Joint Custody
Student name: _____	HS graduation year: _____	Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother
		<input type="checkbox"/> Both <input type="checkbox"/> Joint Custody
Student name: _____	HS graduation year: _____	Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother
		<input type="checkbox"/> Both <input type="checkbox"/> Joint Custody

**Father's Information**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_

Email \_\_\_\_\_

**Mother's Information (if different)**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_

Email \_\_\_\_\_

If divorced or separated, who is financially responsible for tuition? Mother's % \_\_\_\_\_ Father's % \_\_\_\_\_  
 Would you like to be billed separately?  Yes  No

**Religious Affiliation**

Catholic Parish \_\_\_\_\_

Other

**Dependents**

**1** Last name \_\_\_\_\_ First name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Total cost of tuition \_\_\_\_\_ Financial aid awarded \_\_\_\_\_ Annual tuition owed \_\_\_\_\_

**2** Last name \_\_\_\_\_ First name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Total cost of tuition \_\_\_\_\_ Financial aid awarded \_\_\_\_\_ Annual tuition owed \_\_\_\_\_

**3** Last name \_\_\_\_\_ First name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Total cost of tuition \_\_\_\_\_ Financial aid awarded \_\_\_\_\_ Annual tuition owed \_\_\_\_\_

**4** Last name \_\_\_\_\_ First name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Total cost of tuition \_\_\_\_\_ Financial aid awarded \_\_\_\_\_ Annual tuition owed \_\_\_\_\_

**Family Income**

Adjusted gross income per income tax return \_\_\_\_\_

Annual non-taxable income: Source \_\_\_\_\_ Amount \_\_\_\_\_

**Income Changes**

Are you expecting an income change from last year? \_\_\_\_\_ No  
\_\_\_ Yes, I am expecting an annual decrease. \_\_\_\_\_ Yes, I am expecting an annual increase.  
Annual amount \_\_\_\_\_ Annual amount \_\_\_\_\_

**Reason for decrease**

- \_\_\_ Job loss
- \_\_\_ Reduction of hours
- \_\_\_ New job with lower salary
- \_\_\_ Parent attending college
- \_\_\_ Retirement
- \_\_\_ Divorce/separation
- \_\_\_ Death of a spouse
- \_\_\_ Illness/injury
- \_\_\_ Other \_\_\_\_\_

**Reason for increase**

- \_\_\_ New job
- \_\_\_ Increased hours
- \_\_\_ Same job with higher salary
- \_\_\_ Recent marriage
- \_\_\_ Other \_\_\_\_\_

**Family Asset/Debt Information**

**Residence** \_\_\_ Own \_\_\_ Rent Monthly mortgage/rent payment \_\_\_\_\_

**Other Debt**

Unreimbursed medical/dental expenses \_\_\_\_\_ Monthly child support paid \_\_\_\_\_

Monthly child care expense \_\_\_\_\_ Monthly student loan payment \_\_\_\_\_

Total other debt \_\_\_\_\_ Please explain below:

**Special circumstances**

- |   |   |
|---|---|
| <input type="checkbox"/> Divorce/separation       | <input type="checkbox"/> Family illness/injury                |
| <input type="checkbox"/> Bankruptcy               | <input type="checkbox"/> Financial support to relative        |
| <input type="checkbox"/> Parent/Guardian disabled | <input type="checkbox"/> Financial support from family/friend |
| <input type="checkbox"/> Parent is a student      | <input type="checkbox"/> Other (please explain below)         |

**On a monthly basis, how much do you expect to contribute towards high school education?** \_\_\_\_\_

**A copy of your 2011 Federal Income Tax Return must be submitted in order to complete your application. We require only the Form 1040 and Schedule A.**

**Please return this form to:**

St. James Academy  
President's Office  
24505 Prairie Star Parkway  
Lenexa, KS 66227

Questions? Please contact Christy in the business office at 254-4254 or by email at [cpeterson@sjakeepingfaith.org](mailto:cpeterson@sjakeepingfaith.org).

**Application deadline is April 1, 2012.**

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

Date \_\_\_\_\_ Signature of parents \_\_\_\_\_