

# St. Hilary of Poitiers School Student Aid Award Program 2011-2012

## Who can apply?

- \*Families must be registered and supporting members of St. Hilary of Poitiers Parish
- \*Families of students enrolling in grades K-8
- \*Families cannot exceed PA Maximum Income Guidelines

## Income Guidelines

# of Dependents	Maximum Income
1	\$60,000.
2	\$70,000.
3	\$80,000.
4	\$90,000.
5	\$100,000.

Awards will be based on families' financial ranking among qualified applicants.

To complete this application you will need to include:

- a. All detailed copies of schedules of your 2010 Federal Income Tax return from 1040, 1040A, or 1040EZ(as filed with the IRS) for individuals listed in sections A and B
- b. Copies of all 2010 W-2 Wage and Tax Statement forms, all 2010 1099/1099R for Interest/Dividends, pensions/Annuities/ and or Misc. Income Forms for individuals listed in Section A and B
- c. Documentation of total amounts received in 2010 for all Non-Taxable Income

\*All applicants must have applied for the BLOCS scholarship program first.

## Student Aid Form 2011-2012

### *Parent, Guardian or Other Adult responsible for Tuition*

**A.** Circle one: Father   Mother   Stepfather   Stepmother   Other Adult

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Area Code (    ) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_ # of Yrs. \_\_\_\_\_

**B.** Circle one: Father   Mother   Stepfather   Stepmother   Other Adult

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Area Code (    ) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_ #of Yrs. \_\_\_\_\_

***Household Information***

Number of individuals who reside in your household:

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

Current Marital Status:

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Married \_\_\_\_\_ Separated \_\_\_\_\_

***Dependents:***

<b>Dependent Last Name</b>	<b>Dependent First Name</b>	<b>MI</b>	<b>Age</b>	<b>Grade in School</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Unusual Circumstances:***

- |                                      |  |
|--------------------------------------|--|
| _____ <b>Job Loss</b>                | _____ <b>Death in Family</b>               |
| _____ <b>Recently Separated</b>      | _____ <b>Child support reduction</b>       |
| _____ <b>Recently Divorced</b>       | _____ <b>Medical Expenses</b>              |
| _____ <b>Change in living status</b> | _____ <b>Shared tuition responsibility</b> |
| _____ <b>Change in work status</b>   | _____ <b>Bankruptcy</b>                    |
| _____ <b>Income reduction</b>        | _____ <b>Other</b>                         |

Please indicate if you are currently receiving any other student financial aid \_\_\_\_\_

**If for any reason, you feel the need to discuss your application, in particular if your financial status has changed within the past year, please contact Father Kevin P. Murray, Pastor @ (215) 884-3252**

**I/we certify that all the information on this form, as well as supporting documentation is true, correct and complete to the best of my knowledge and that all household income has been reported. I understand that deliberate misrepresentation of this information may result in the scholarship being denied or revoked.**

**Parent/Guardian A \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Guardian B \_\_\_\_\_ Date: \_\_\_\_\_**

**All applications must be submitted to St. Hilary Parish Rectory no later than 4/20/11.**