

ASSUMPTION SCHOOL FINANCIAL AID INFORMATION

To qualify for financial aid at Assumption School, a financial aid application must be completed in full and returned to the Student Assistance Committee along with a complete copy of your 2006 Federal Income Tax Return. Because funds for tuition assistance are limited, you are asked to submit your application in a timely manner. Every applicant's financial status is evaluated carefully so that financial aid awards address each family's need. All families must reapply for financial aid each year and student recipients must maintain satisfactory academic progress to remain eligible.

It is Assumption School's policy that all financial information is highly confidential and will not be shared with anyone outside of the financial aid process. It is expected that all recipients will keep financial aid awards strictly confidential and that if said award is not kept confidential, it will be rescinded. In addition, all applicants will have to affirm the accuracy and completeness of the information provided and that if the information provided is found to be incorrect or misleading, the award will be rescinded.

Please return the completed application and a complete copy of your 2006 Federal Income Tax Return in a sealed envelope to:

Student Assistance Committee
Assumption School
21 South Adams Street
Manchester, CT 06040

**2007 - 2008
ASSUMPTION SCHOOL
FINANCIAL AID APPLICATION**

I. PERSONAL INFORMATION (Please print clearly):

Student Name: _____ Home Phone #: _____

Permanent Home Address: _____

City/State/Zip: _____

Grade Level for 2007-2008 School Year: _____

Check box if both parents live at the above address. If checked, fill in names and phone numbers only.

Marital Status: _____

Mother's (Guardian) Name: _____ Father's (Guardian) Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home #: _____ Work #: _____ Home #: _____ Work #: _____

Family Members:

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> | <u>Grade</u> | <u>School</u> |
|-------------|---------------------|------------|--------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

II. PARENTS' ASSETS

Cash (Checking, Savings, etc.) _____

Value of Home _____

Investments (Stocks, Bonds, etc) _____

Other Assets _____

Total Assets _____

III. OTHER INCOME FOR 2006

Child Support _____

Welfare _____

Food Stamps _____

Social Security _____

Other _____

Total _____

IV. OTHER INFORMATION

Use this space to describe why financial aid is needed and to describe any special family circumstances you wish to bring to the attention of the Student Assistance Committee. Attach additional pages if necessary.

V. PARENTS' STATEMENT

We have reviewed the answers to all questions on this form and do solemnly affirm their accuracy and completeness to the best of our knowledge and belief. We understand that all financial awards should be held in strict confidence and that if circumstances come to light that show that the information is not kept confidential or that information on this form is incorrect or misleading, the financial awards will be rescinded.

Father's (Guardian) Signature _____ Date _____

Mother's (Guardian) Signature _____ Date _____