ST. FRANCIS DE SALES HIGH SCHOOL
FINANCIAL AID COMMON APPLICATION
PART 1

PLEASE PRINT CLEARLY

FILL OUT ONE PER STUDENT

STUDENT LAST, FIRST NAME | **ADDRESS** | **CITY/STATE/ZIP** | **DATE OF BIRTH**

PHONE | **EMAIL** | **GRADE** | **# OF CHILDREN/ # ADULTS IN HOUSEHOLD**

	FATHER/MALE GUARDIAN		MOTHER/FEMALE GUARDIAN
NAME		**NAME**	
ADDRESS		**ADDRESS**	
PHONE		**PHONE**	
EMPLOYER		**EMPLOYER**	
EMPLOYER ADDRESS		**EMPLOYER ADDRESS**	
EMPLOYER PHONE		**EMPLOYER PHONE**	
POSITION		**POSITION**	
YEARS AT FIRM		**YEARS AT FIRM**	
SALARY BEFORE TAXES		**SALARY BEFORE TAXES**	
TOTAL INCOME		**TOTAL INCOME**	
TOTAL SAVINGS		**TOTAL SAVINGS**	

DATE | **FATHER/GUARDIAN SIGNATURE** | **MOTHER/GUARDIAN SIGNATURE**

ST. FRANCIS DE SALES HIGH SCHOOL
FINANCIAL AID COMMON APPLICATION
PART 2

PLEASE PRINT CLEARLY

FILL OUT ONE PER STUDENT

LIST ANY AND ALL EXPENS LIST ANY AND ALL EXPENSES:

RENT/MORTAGAGE	_____	**W-2**	
MONTHLY		**IRS 1040**	
FINANCIAL OBLIGATIONS	_____	**CHECK STUB**	
TUITION FOR OTHER CHILDREN	_____	**OTHER**	
OTHER	_____		

PLEASE USE THE SPACE BELOW TO DEFINE YOUR FINANCIAL SITUATION:

FOR SFDS OFFICE USE

SIGNED/APPROVED _____ DATE _____