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

PLEASE PRINT CLEARLY FILL OUT ONE PER STUDENT

STUDENT LAST, FIRST NA	AME	ADDRESS	CITY/STATE/ZIP		STATE/ZIP DATE OF BIRTH	
PHONE	EMAIL	GRAI	DE	# OF CHILDREN/ # AI	DULTS IN HOUSEHOLD	
	FATHER/MALE GUARDI	AN		MOTHER/FEMALE (	GUARDIAN	
NAME		NAM	E			
ADDRESS		ADDR	ESS			
PHONE		PHO	IE			
<b>EMPLOYER</b>		EMPI	OYER			
EMPLOYER ADDRESS		EMPI	OYER ADDRESS			
EMPLOYER PHONE		ЕМРІ	OYER PHONE			
POSITION		POSI	ΓION			
YEARS AT FIRM		YEAR	S AT FIRM			
SALARY BEFORE TAXES		SALA	RY BEFORE TAXES			
TOTAL INCOME		TOTA	L INCOME			
TOTAL SAVINGS		TOTA	L SAVINGS			
DATE	FATHER/GUARDIAN SIGNA	TURE		MOTHER/GUARDI	AN SIGNATURE	



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

PLEASE PRINT CLEARLY FILL OUT ONE PER STUDENT

PLEASE USE THE SPACE BELOW TO DEFINE YOUR FINANCIAL SITUATION:		W-2 IRS 1040 CHECK STUB SSI		EN	RENT MORTGAGE FINANCIAL OBLIGATIONS TUITION FOR OTHER CHILDRE OTHER
			L SITUATION:	LOW TO DEFINE YOUR FINAN	PLEASE USE THE SPACE BEL
	SE THICH CONTROL &				
FOR SFDS OFFICE USE				FOR SFDS OFFICE	