

**ST. MATTHEW'S SCHOOL 2011-2012
APPLICATION FOR FINANCIAL AID**

Person(s) responsible for tuition payment _____

Address: _____

City: _____ State _____ Zip: _____

Email contact: _____

Phone # _____

Students Name: _____ Relationship _____

Annual Household Income: \$ _____

Other income (Child support, investment income, other) \$ _____

Number of dependants living with you _____

Are you and your spouse employed? _____

We will make the following monthly payment per child. (Please indicate the amount.
Do not leave blank.)

\$50.00 _____ \$100.00 _____ \$150.00 _____
(This would be for 12 months)

Are you receiving CTODP funds? _____ \$ _____

Any other financial aid or scholarships? _____ \$ _____

Total aid requested \$ _____ (YR)

**PLEASE ATTACH A COPY OF YOUR IRS FORM 1040 AND 2 RECENT PAY
STUBS.**

Principal _____ Date _____

Secondary Person _____ Date _____

Pastor _____ Date _____

Amount approved \$ _____