



**Application for Financial Aid for the school year  
July, 1 2012 - June 30, 2013**

**Application Deadline:** **Friday, February 03, 2012**

**(Any applications received after deadline will only receive aid as available)**

**Please include the following Items:**

- Copy 2011 Federal Income Tax Return Form 1040 and all applicable schedules
- Copy of all 2011 W-2 Wage and Tax Statement Forms
- Copy of all 1099 tax forms
- Copy of 2 most current pay stubs
- Copy of all official documents where noted ("Provide Support") below

**Student Information** (If applying for more than one student fill out a separate page 1 for each student):

1. Last Name  2. First Name

3. Current school attending:

4. Grade during 2012-2013 school year (Circle): 9 10 11 12

5. Did student receive BASIC in the current year YES NO  
(Bay Area Scholarships for Inner-City Children)

6. Per IRS Guidelines who is the students legal Guardian?

A. Last Name  2. First Name

B. Relationship to Student:

**Please remit all applications to:**  
Saint Joseph Notre Dame High School  
C/O Business Office  
1109 Chestnut Street  
Alameda, CA 94501



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**Household Data:**

1. Number of individuals in household: Parents/Guardians  Other   
Children

A. If "Other", please explain:

B. For Children please fill following:

<u>Last Name</u>	<u>First Name</u>	<u>School</u>	<u>Grade</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Who is responsible for the tuition of the Applicant(s):

	<u>Last Name</u>	<u>First Name</u>	<u>Relationship</u>	<u>%</u>
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

a. Is this application for both responsible Parents? Yes No N/A

b. If no, then which parent?

3. Contact Information:

Contact Name:

Telephone Number:

Email Address:



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**Financial Data**

**Gross Monthly Income** (Before all taxes and payroll deductions) of all household members:

	<u>Parent/Guardian #1</u>	<u>Parent/Guardian #2</u>
1. W-2 Earnings	<input type="text"/>	<input type="text"/>
2. Self Employment Earnings	<input type="text"/>	<input type="text"/>
3. Rental Income	<input type="text"/>	<input type="text"/>
4. Child Support <b>(Provide Support)</b>	<input type="text"/>	<input type="text"/>
5. Alimony Income <b>(Provide Support)</b>	<input type="text"/>	<input type="text"/>
6. Workers Compensation <b>(Provide Support)</b>	<input type="text"/>	<input type="text"/>
7. Unemployment Income <b>(Provide Support)</b>	<input type="text"/>	<input type="text"/>
8. Social Security Income	<input type="text"/>	<input type="text"/>
9. Dividend/ Income	<input type="text"/>	<input type="text"/>
10. Retirement Income	<input type="text"/>	<input type="text"/>
11. Other Income: _____	<input type="text"/>	<input type="text"/>
<b>Total Monthly Income:</b>	<input type="text"/>	<input type="text"/>

**Monthly Expenses:**

<u>Expense Name</u>	<u>Creditor/Vendor</u>	<u>Monthly Expense (\$)</u>
Mortgage/Rent (Primary Residence only, including any equity loans)	<input type="text"/>	<input type="text"/>
Medical Premiums	<input type="text"/>	<input type="text"/>
Home/Renters Insurance Premiums	<input type="text"/>	<input type="text"/>
Life Insurance Premium	<input type="text"/>	<input type="text"/>
Auto Insurance Premium	<input type="text"/>	<input type="text"/>
Property Taxes (Primary Residence)	<input type="text"/>	<input type="text"/>
Utilities (PGE, water)	<input type="text"/>	<input type="text"/>



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**Monthly Expenses (Continued):**

<u>Expense Name</u>	<u>Creditor/Vendor</u>	<u>Monthly Expense (\$)</u>
Telecommunications (tel/cell phones, internet)	<input type="text"/>	<input type="text"/>
Car payments	<input type="text"/>	<input type="text"/>
Food	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>
Medical/Dental Expenses (not covered by insurance)	<input type="text"/>	<input type="text"/>
Transportation	<input type="text"/>	<input type="text"/>
Alimony/Child Support payment	<input type="text"/>	<input type="text"/>
Support to other family members	<input type="text"/>	<input type="text"/>
Tuition other school age children (Not Including Students Attending SJND)	<input type="text"/>	<input type="text"/>
Payroll Taxes:	Federal <input type="text"/>	<input type="text"/>
	State <input type="text"/>	<input type="text"/>
Retirement Contributions:	<input type="text"/>	<input type="text"/>
<b>Total Monthly Expenses:</b>		<input type="text"/>

**Income and Expense Summary**

Income	Parent/Guardian #1	A	<input type="text"/>
Income	Parent/Guardian #2	B	<input type="text"/>
Expenses	Household	C	<input type="text"/>
	<b>Available Monthly Income</b>	(A+B-C)	<input type="text"/>



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**Tuition**

SJND tuition 2012-13: \$14,200-\$14,500 (estimated)  
Indicate your best estimate of what your family  
can afford for each SJND student annually:

An amount must be filled in:

\_\_\_\_\_

**Application Essay**

The Written Portion of this application is **required**. If this section is not filled out it will be returned to you for completion and can delay your application process. In the space below please provide any additional information which would assist the Tuition Assistance Committee. Describe any unusual circumstances (please be specific) that impact your financial status or ability to pay tuition. Attach additional sheet if necessary.

Signature Parent/Guardian #1

\_\_\_\_\_

Signature Parent/Guardian #2

\_\_\_\_\_