

Resurrection Catholic School

A Pre-K through 8th Grade School serving the Boyle Heights Community since 1950
An Alumni Seton Blended Learning School



Needs-Based Financial Aid Application

Mission Statement

Resurrection Catholic School is an educational ministry preparing students to grow academically and spiritually through catholic values in order to be college ready and to lead.

General Information

Name of Parent/Legal Guardian: _____
Name of Mother/Legal Guardian: _____
Address: _____
Telephone Number: _____
Name of Child: _____ Grade: _____
Name of Child: _____ Grade: _____
Name of Child: _____ Grade: _____

Verification of Information & Confidentiality Agreement

I, _____ (Parent/Guardian), understand that all information on this application will be verified. Any incomplete, missing, false, and/or fraudulent information or documentation on this application, missing signatures, refusal to provide adequate/legal proof of income and/or any pertinent information required to process or determine a decision on this application will be cause for cancellation of any financial aid award. I also understand that any financial aid offered by Resurrection Catholic School is specifically tailored to my family's needs and all Terms and Conditions pertaining to it are **strictly confidential**, and that any breach of confidentiality may result in the cancellation of any financial aid award.

I _____ (student), understand that the mission of Resurrection Catholic School is to prepare students to grow academically and spiritually through catholic values in order to be college ready and to lead. I am committed to meeting **all** expectations of conduct and work ethic in order to sustain my tuition award.

Student Signature: _____ Parent Signature: _____

Employment Information

<p>Parent/Legal Guardian #1: _____</p> <p>Highest level of education:</p> <p><input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> High School</p> <p><input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Post Graduate</p> <p>Employer 1: _____</p> <p>Occupation: _____</p> <p>Monthly Salary: \$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit</p> <p>Employer 2: _____</p> <p>Occupation: _____</p> <p>Monthly Salary: \$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit</p>	<p>Parent/Legal Guardian #2: _____</p> <p>Highest level of education</p> <p><input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> High School</p> <p><input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Post Graduate</p> <p>Employer 1: _____</p> <p>Occupation: _____</p> <p>Monthly Salary: \$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit</p> <p>Employer 2: _____</p> <p>Occupation: _____</p> <p>Monthly Salary: \$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit</p>
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Annual Income & Expenses Analysis ** Copy of Taxes Included or Supporting Documents

How do you file? Single Married Head of Household Did not file

Taxable Income		Non-Taxable Income/Monthly	
Employment Income (Form 1040, Line 7)	\$	Military Compensation (Basic/Special Pay and/or Allowance)	\$
Business/Self-Employment (Schedule C: Form 1040, Line 12)	\$	Public Housing Assistance/Section 8 (Section 8 Allotment Statement)	\$
Capital Gains (Schedule D: Form 1040, Line 13)	\$	CALWORKS: Welfare/TANF (CalWORKS Benefit Amount Statement)	\$
Unemployment (Form 1040, Line 19)	\$	CalFresh: Food Stamps (CalFresh Benefit Amount Statement)	\$
SSI (Social Security) (Form 1040, Line 20)	\$	Child Support (Letter with Amount of Support)	\$
Cash Income (Notarized Statement of Income)	\$	Disability (Annual Disability Statement or Supplemental SSI)	\$
Other: (Annual, Farm, Rentals, Trust Income)	\$	Alimony or other Income	\$
Total Taxable Income	\$	Total Non-Taxable (Monthly)	\$
		Total Annual (above x 12)	\$

TOTAL ANNUAL INCOME: _____

Monthly Income & Expenses Analysis

** Please note that average expenses per family will be compared to your reported expenses to determine fair and reasonable awards.

Monthly Income		Household Monthly Item Expenses	
Employment Income	\$	Residence monthly mortgage/rent	\$
Business/self employment	\$	Groceries (monthly)	\$
Capital Gains/Rental Income	\$	Utilities monthly bill	\$
Unemployment	\$	Cable & Cell Phone monthly bill	\$
SSI (Social Security)	\$	Clothing/Household Items	\$
Cash Income	\$	Medical Expenses	\$
Public Housing Assistance	\$	Insurance	\$
CalWorks: Welfare/TANF	\$	Car Payment	\$
CalFresh: Food Stamps	\$	Other: _____	\$
Child Support	\$	Other: _____	\$
Disability	\$	Other: _____	\$
Alimony	\$	Other: _____	\$
Other Income (Explain below) _____	\$	Other: _____	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

Household Demographic Information

Number of People Living in Household:

0 – 5 years old: _____

6 – 12 years old: _____

13 – 18 years old: _____

Number of rooms: _____

Number of televisions at home: _____

Number of computers at home: _____

Residence (check all that apply):

Own

Lease/Rent

Federal Housing

Section 8 Housing

With Relatives/Friends

Temporary Housing/Shelter

Homeless

Other: _____

Vehicle(s) driven or owned:

1. Year: _____ Make: _____ Model: _____ Monthly Payment: \$ _____

2. Year: _____ Make: _____ Model: _____ Monthly Payment: \$ _____

3. Year: _____ Make: _____ Model: _____ Monthly Payment: \$ _____

Are there any special financial circumstances that you want to share with us?

Statement of Student (Grades: 3rd – 8th) – Feel free to add additional pages

1. What are your educational goals?

2. Why are you interested in a Catholic School Education?

Family Engagement Report: Confirm by School Staff

1. Total # of Parent Service Hours Completed: _____

2. Did family comply with Service Hour Commitment? (YES/NO): _____

3. Were there additional Service Hours in your contract? (YES/NO): _____

If yes, total number of additional service hours completed: _____

4. Were there any hours pending? (YES/NO): _____

If yes, how many: _____ Outstanding Balance (\$25/hr): _____

5. Which mandatory meetings did you attend?

6. In which ways are have you engaged or contributed so far to the improvement of the school this year?

7. What additional meetings did you attend (potluck, intervention, STEP, etc...) to show your partnership in working to improve the school?

Thank You and May God Bless You!