

Garces Memorial High School

Request for Tuition Assistance

If you have any questions about the financial aid process, please call: Lisa King at 327-2578 ext. 124

Due Date: February 15, 2012

Return to Garces Memorial

Please type or print clearly.

Student's Name: _____

Grade *NEXT* Year: Freshman Sophomore Junior Senior

Student's Name: _____

Grade *NEXT* Year: Freshman Sophomore Junior Senior

Student's Name: _____

Grade *NEXT* Year: Freshman Sophomore Junior Senior

Father's Name: _____ Mother's Name: _____

Parent's Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Father's Occupation: _____ Father's Work Phone: _____

Mother's Occupation: _____ Mother's Work Phone: _____

For the student(s) listed above, which tuition rate will you pay?: Catholic Name of Parish _____ Other

If contributing to a retirement plan, what is the average amount per month? _____

Please list below all family members who will be attending a school (elementary, secondary, post secondary) during the 2012-2013 school year:

Name	Grade Level	School	Annual Tuition

Statement of Financial Need:

The need for financial aid is determined by the calculation of two factors: financial strength and current financial pressures. Financial strength is measured by a family's income and assets. Financial pressure is defined by the family's current financial expenses and available liquid assets. The assessment is completed by Private School Aid Service (PSAS), an objective outside service, not by Garces Memorial personnel. **Please print or type a statement explaining your financial need on the space provided on the reverse side of this application. Use and attach an additional sheet of paper if necessary.** If the statement of financial need is not completed, the financial aid application **will not** be processed. (OVER PLEASE)

Statement of Financial Need