

Corpus Christi Parish - STUDENT AID APPLICATION

Name of Student(s)	Grade 2019/2020 Year
_____	_____
_____	_____
_____	_____

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Amount of Request \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Years \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Years \_\_\_\_\_

Parents' Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Total Number of Exemptions claimed on Parent's Income Tax Return \_\_\_\_\_

Other Family Members Living in Household:

Name	Age	School or Place of Employment
_____	_____	_____
_____	_____	_____

INCOME INFORMATION REQUIRED WITH APPLICATION:

1. Copy of 2018 Income Tax Return, Schedule 1040 A, B, & C, for Parent(s) Guardian(s) and for student, if employed.
2. List other income not required to be reported of Form 1040 such as Social Security, Welfare, Unemployment Benefits and Child Support:

\_\_\_\_\_

List any additional information beneficial to the Student Aid Committee such as extraordinary medical or other financial expenses; do not include regular day-to-day expenses.

\_\_\_\_\_

Information Submitted by: \_\_\_\_\_  
Parent/Guardian Signature Date

