



St. Mary's Catholic Schools

2026 – 2027 Financial Aid Application

Father's Name: _____

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

STUDENT'S NAME K-12 Students	GRADE 2026-2027
1	
2	
3	
4	
5	
6	

A) 2025 NET Income: \$_____ [Attach Form 1040 of your 2025 Federal Tax Return]

B) Family Hardship/Special Circumstances: Please give a brief detail of any extraordinary circumstances such as disability, medical hardship, etc.

C) We will commit \$_____ per (week/month/year) toward tuition.

Parent Signature: _____

A Financial Aid Application must be completed each year.

Return completed application and Form 1040 in a sealed envelope

to Fr. Starman marked, "CONFIDENTIAL"