



# St. Mary's Catholic Schools

## 2026 – 2027 Financial Aid Application

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>STUDENT'S NAME</b> K-12 Students		<b>GRADE</b> 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.

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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"