

**FINANCIAL ASSISTANCE APPLICATION**  
**FRESHMEN/INCOMING STUDENTS**  
**DUE: As soon as possible**



Financial assistance is awarded to students who attend Holy Trinity and demonstrate need. You will be expected to contribute as much as you are able to your child's education according to your financial profile. Use just one form for all children in the family applying for assistance. Applications for incoming freshmen (Class of 2025) will be processed on a rolling basis (first-come, first-served). In the case of divorced or separated parents, both parents must submit an application with proper documentation. Families applying for Financial Assistance must submit a completed application before registering. **Incomplete Applications will be returned.**

**A. STUDENT APPLICANT(S) TO HOLY TRINITY:**

(1) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Last Name First Name Middle Name HT Graduation Year Birthdate

(2) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Last Name First Name Middle Name HT Graduation Year Birthdate

(3) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Last Name First Name Middle Name HT Graduation Year Birthdate

**B. PARENT/GUARDIAN**

**Relationship to Student:** Father \_\_\_\_\_ Mother \_\_\_\_\_

Other (Please Explain): \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name MI

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Phone Cell Phone

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-Mail Address Date of Birth

\_\_\_\_\_  
 Occupation/Title/Rank

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
 Employer Work Phone

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

**Marital Status:** Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_  
 Divorced\* \_\_\_\_ Divorced/Remarried\* \_\_\_\_  
 Separated\* \_\_\_\_ \*Please explain further in section I.

**C. OTHER PARENT/GUARDIAN**

\*If not supporting tuition, please skip and explain in section I.

**Relationship to Student:** Father \_\_\_\_\_ Mother \_\_\_\_\_

Other (Please Explain): \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name MI

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Phone Cell Phone

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-Mail Address Date of Birth

\_\_\_\_\_  
 Occupation/Title/Rank

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
 Employer Work Phone

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

**Marital Status:** Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_  
 Divorced\* \_\_\_\_ Divorced/Remarried\* \_\_\_\_  
 Separated\* \_\_\_\_ \*Please explain further in section I.

**D. HOUSEHOLD**

Number of individuals living in the household in 2020?

Parents/Guardians: \_\_\_\_\_ Children: \_\_\_\_\_ Other: \_\_\_\_\_

Please list all persons living in the household:

Adults (Over 21 Years of Age)

- (1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- (2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- (3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- (4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Children (Dependents you are currently supporting under 21 years of age)

- (1) Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
- (2) Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
- (3) Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
- (4) Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please list additional adults/children in Section I.)

**E. PARENT/GUARDIAN MONTHLY INCOME**

\*If an item is not applicable, please write N/A.

<u>Source</u>	<u>Monthly</u>
Wages (Parent/Guardian #1) <sup>1</sup>	\$ _____
Wages (Parent/Guardian #2) <sup>1</sup>	\$ _____
Net Business Income <sup>2</sup>	\$ _____
Net Rental Income <sup>3</sup>	\$ _____
Pension/Social Security (Parent/Guardian #1)	\$ _____
Pension/Social Security (Parent/Guardian #2)	\$ _____
Child Support	\$ _____
Alimony	\$ _____
LINK (Food Stamps)	\$ _____
Rent Subsidy	\$ _____
Interest/Dividends	\$ _____
Unemployment Income	\$ _____
Deferred Income	\$ _____
Worker's Compensation	\$ _____
Other	\$ _____

**TOTAL INCOME**     \$ \_\_\_\_\_

**F. PARENT/GUARDIAN MONTHLY EXPENSES**

\*If an item is not applicable, please write N/A.

<u>Source</u>	<u>Monthly</u>
Food, Clothing, and Misc. <sup>4</sup>	\$ _____
Housing: Rent/Mortgage <sup>5</sup>	\$ _____
Utilities <sup>6</sup>	\$ _____
Cable/Internet	\$ _____
Cell Phone	\$ _____
Vehicle Ownership Costs <sup>7</sup>	\$ _____
Vehicle Operating Costs <sup>8</sup>	\$ _____
Public Transportation <sup>9</sup>	\$ _____
Health Insurance	\$ _____
Out of Pocket Healthcare Costs <sup>10</sup>	\$ _____
Court Ordered Payments	\$ _____
Child/Dependent Care	\$ _____
Alimony/Child Support	\$ _____
Tuition Currently Paid <sup>11</sup>	\$ _____
Student Loan Payments	\$ _____
Credit Card Interest Payments	\$ _____
Other	\$ _____

**TOTAL EXPENSES**     \$ \_\_\_\_\_

<sup>1</sup> Wages, salaries, and tips before tax withholdings.

<sup>2</sup> Net Income from Business: Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. If the net business income is a loss, enter "0".

<sup>3</sup> Net Rental Income: The amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0".

<sup>4</sup> Total of clothing, food, housekeeping supplies, and personal care products.

<sup>5</sup> For principal residence, include the total rent or mortgage payment, Along with average monthly property taxes, insurance, maintenance, dues, and fees.

<sup>6</sup> Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and land line telephone.

<sup>7</sup> Vehicle Ownership Costs: Total of monthly lease or purchase/loan payments.

<sup>8</sup> Vehicle Operating Costs: Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

<sup>9</sup> Public Transportation: Total of monthly fares for mass transit.

<sup>10</sup> Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

<sup>11</sup> Total tuition paid for grammar school, high school, and college, etc.

**G. FAMILY ASSETS**

Savings Accounts \$ \_\_\_\_\_  
 Checking Accounts \$ \_\_\_\_\_  
 Stocks, Bonds, Mutual Funds, and other Securities \$ \_\_\_\_\_  
 Trust Funds \$ \_\_\_\_\_  
 Education Funds \$ \_\_\_\_\_  
 Value of IRA, 401K and any other Retirement accounts at Year End \$ \_\_\_\_\_  
 Value of Other Real Estate Owned \$ \_\_\_\_\_

Home (if owned):  
 Year Purchased \_\_\_\_\_  
 Purchase Price \$ \_\_\_\_\_  
 Present Market Value \$ \_\_\_\_\_  
 Unpaid Mortgage \$ \_\_\_\_\_  
 Annual Taxes \$ \_\_\_\_\_

How many cars in the family? \_\_\_\_\_  
 Automobiles:  
 (1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 (2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 (3) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Do you own rental property? YES or NO  
 If yes, please attach a copy of Schedule C and/or E of your most recently filed Federal Income Tax Form.

Do you own a family business? YES or NO  
 If yes, please attach a copy of Schedule C and/or E of your most recently filed Federal Income Tax Form.

**H. PLEASE ANSWER THE FOLLOWING QUESTIONS**

Did the student(s) apply to any of the following scholarships for 2021-2022 school year?

\_\_\_\_ Big Shoulders      \_\_\_\_ Chicago Lights      \_\_\_\_ Daniel Murphy      \_\_\_\_ HighSight  
 \_\_\_\_ HFS Chicago Scholars      \_\_\_\_ LINK Unlimited      \_\_\_\_ PEAK      \_\_\_\_ Other \_\_\_\_\_

Amount per month the family and student can pay toward tuition next year. Do not leave this item blank. \$ \_\_\_\_\_

Did your eighth grade or incoming student(s) receive financial assistance for the 2020-2021 school year? YES or NO  
 If Yes, please list the source of that aid, the amount of aid received, and the school's tuition.

Source of Aid	Amount of Aid	School's Tuition
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Alumni - If you or someone in the student's immediate family (parent or sibling) is a graduate of Holy Trinity or Holy Family Academy, please list:

Name (First and Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

If a current student referred you to Holy Trinity, please provide that student's full name here: \_\_\_\_\_

**I. FURTHER EXPLANATIONS AND SPECIAL CIRCUMSTANCES**

Please use this space to offer any further explanation of answers in the application and to tell us any special circumstances you feel should be considered when determining an award. (Attach more pages if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**J. CERTIFICATIONS**

I authorize Holy Trinity and its agents to release the information contained in this application, including any attachments, and/or such school records as deemed necessary, to partnering agencies, institutions, or individuals that provide tuition assistance and possess an interest in Holy Trinity’s Financial Assistance Program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the above information is true and I have included proof of income. I reserve Holy Trinity the right to request additional documents to substantiate financial information. I understand that by accepting financial aid, my child must maintain exemplary behavior and attendance records.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Attachments required to process application:**

- A copy of the parent/guardian’s most recently completed tax return (1040, 1040A, 1040EZ, 1099, etc.) with all attachments.
- Parent/guardian’s W-2 Forms from each employer
- Parent/guardian’s last two pay stubs from each employer.
- If a parent/guardian is paid in cash, please include a letter from their employer stating their salary, hours, and position.
- Any other documentation as noted in the application, i.e., Social Security Administration, LINK documentation, etc.
- If you own a business or have income from rental property, please attach a copy of Schedule C and/or E of your most recently filed Federal Income Tax Form.

**K. HOW TO SUBMIT YOUR FINANCIAL ASSISTANCE APPLICATION AND SUPPORTING DOCUMENTS**

**Email**

- Please create a PDF copy of your application and all supporting documentation. You can use your smartphone to do this using the free Adobe Scan application. Alternatively, you can use your smartphone to take a photo of each page of the application and supporting documentation.
- Email your PDF or photos to Matt Swanson, our Scholarships & Financial Assistance Officer, at **mswanson@holytrinity-hs.org**. Please copy Brian Parker, our Admissions Manager, to the email at **bparker@holytrinity-hs.org**.

**Fax**

- Fax your application and supporting documentation to the attention of Matt Swanson and Brian Parker at **(773) 278-0144**.

**Drop-Off**

- If you wish to drop off your application and supporting documentation at Holy Trinity please contact Brian Parker at **bparker@holytrinity-hs.org** to schedule a time.