

**Pacelli Financial Aid Application  
2019-2020 School Year**

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_  
Mother's Work Phone \_\_\_\_\_  
Mother's Email(required) \_\_\_\_\_  
Mother's Primary Language \_\_\_\_\_  
\_\_\_\_ Check if interpreter is required

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Father's Cell Phone \_\_\_\_\_  
Father's Work Phone \_\_\_\_\_  
Father's Email(required) \_\_\_\_\_  
Father's Primary Language \_\_\_\_\_  
\_\_\_\_ Check if interpreter is required

Catholic \_\_\_ Yes \_\_\_ No      Parish \_\_\_ St. Augustine \_\_\_ St. Edwards \_\_\_ Queen of Angels

**Children Attending Pacelli Catholic School NEXT School Year**

**Grade Next Year**

1st Child \_\_\_\_\_  
2nd Child \_\_\_\_\_  
3rd Child \_\_\_\_\_  
4th Child \_\_\_\_\_  
5th Child \_\_\_\_\_

Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_

**Other Children Living at Home NEXT School Year NOT Attending Pacelli**

**Age Next Year**

1st Child \_\_\_\_\_  
2nd Child \_\_\_\_\_  
3rd Child \_\_\_\_\_

Age \_\_\_\_\_  
Age \_\_\_\_\_  
Age \_\_\_\_\_

Please provide income from 2018 Tax Forms (1040) for all adults in the home. **This should include legal guardians as well as other adults in the home providing income.** Attach a copy of all 2018 Tax Forms (1040) from the household.

Adult #1 _____	Adjusted Gross Income (line 7) _____
Adult #2 _____	Adjusted Gross Income (line 7) _____
Adult #3 _____	Adjusted Gross Income (line 7) _____
Adult #4 _____	Adjusted Gross Income (line 7) _____

List any circumstances that you feel we should be aware of as we consider your financial aid application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to Business Office with all household adult 2018 Tax Forms (1040) by May 1, 2019.**