

**CHRIST THE KING CATHOLIC SCHOOL  
FINANCIAL AID FORM 2020/2021**

Family Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Please indicate Home Phone, Father's Cell, Mother's Cell): \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

DO YOU OWN OR RENT YOUR HOME? \_\_\_\_\_

STUDENT'S NAME

GRADE ENROLLED AT CHRIST THE KING IN 2019-20:

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

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

TOTAL TUITION (WITHOUT ASSISTANCE) FOR 2019-20 SCHOOL YEAR: \$ \_\_\_\_\_

AMOUNT OF TUITION ASSISTANCE REQUESTED: \$ \_\_\_\_\_

List below all the children in the family, regardless of where and if they attend school, the tuition and fees of each child which are paid by a member of the family, the financial aid which each child receives and the income of each child, if any:

Name	Age	School Tuition and fees paid By any member of the family	Financial Aid (if any)	Income (if any)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Further comments or explanations of unusual family needs may be added on the reverse side of this form. **THIS FORM MUST BE COMPLETED AND COPIES OF ALL 1040 OR 1040a TAX FORMS FILED BY MEMBERS OF THIS FAMILY FOR THE PREVIOUS YEAR MUST BE ATTACHED TO THIS APPLICATION IN ORDER TO BE CONSIDERED FOR FINANCIAL AID.**

All information on this application is complete and true and all tax forms have been attached to this application.

\_\_\_\_\_  
Signature of Head of Household