

Applicant Information

Required fields are marked with *

Parent or Guardian Information

Prefix

First

Middle

Last

Suffix

Mailing Address

City

State

Zip

County of Residence

Country

Daytime Phone

Ext

Evening Phone

Ext

Cell Phone

E-Mail Address

Social Security Number Date of Birth

Month

Day

Year

Marital Status

Relationship to Student(s)

Employment Status

Occupation

Employer

Additional Questions from Trenton Diocese

Please note that Pre-Kindergarten students are not eligible for financial aid from the Diocese.

Are you Catholic?

Select ...

From the list below, please choose the Parish you are currently a member of: (Parish listed by City, then Parish name). If you are Non-Catholic, please select I attend a Non-Catholic Place of Worship or I do not attend a Place of Worship.

Select ...

If you selected "Other-I am Catholic, but my Place of Worship is not listed" enter your Place of Worship in the space below. Please enter the City and Parish name.

Co-Applicant Information

Required fields are marked with *

I do not have a Co-Applicant living in my household.

Co-Applicant - Parent or Guardian Information

Prefix

First

Middle

Last

Suffix

Social Security Number

Date of Birth

Month

Day

Year

Relationship to Student(s)

Employment Status

Occupation

Employer

Student Information

Required fields are marked with

| | | | | | |
|------------------------|----------------------|-----|----------------------|------|----------------------|
| First | <input type="text"/> | | | | |
| Middle | <input type="text"/> | | | | |
| Last | <input type="text"/> | | | | |
| Date of Birth | <input type="text"/> | | | | |
| Month | <input type="text"/> | Day | <input type="text"/> | Year | <input type="text"/> |
| Social Security Number | <input type="text"/> | | | | |

School Information

Required fields are marked with

Please estimate approximate amounts if you are not sure.

Select the below for all tuition charging PK-12 schools where the student is applying to or will attend.

Organizations

Please select the organization(s) where you would like to apply.

Trenton Diocese

Taxable Income

Required fields are marked with

Size of Household

- 1a. Number of adults living in this household?
- 1b. Number of children living in this household?
- 2a. Do you file a federal income tax return?
- Yes
 - No
- 2b. Do you receive income reported on a W-2?
- Yes
 - No
- 3a. Does the co-applicant file a federal income tax return?
- Yes - Jointly
 - Yes - Separately
 - No
- 3b. Does the co-applicant receive income reported on a W-2?
- Yes
 - No

Taxable Income

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal income tax return.
5. If filing jointly or if there is not a co-applicant, enter "0". If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return.
6. Do you own any of the following?
- | | | |
|--------------------|---------------------------|--------------------------|
| Business | <input type="radio"/> Yes | <input type="radio"/> No |
| Rental Property | <input type="radio"/> Yes | <input type="radio"/> No |
| S Corporation | <input type="radio"/> Yes | <input type="radio"/> No |
| Partnership | <input type="radio"/> Yes | <input type="radio"/> No |
| Estates and Trusts | <input type="radio"/> Yes | <input type="radio"/> No |
| Farm | <input type="radio"/> Yes | <input type="radio"/> No |

Non-Taxable Income

Required fields are marked with *

Please list the amount and frequency (Week, Month or Year) you receive for each type of non-taxable income.

If none, enter 0

- | | | | |
|---|----------------------|-----|----------------------|
| 7. Child Support Received | <input type="text"/> | per | <input type="text"/> |
| 8. Temporary Assistance for Needy Families (TANF) | <input type="text"/> | per | <input type="text"/> |
| 9. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) | <input type="text"/> | per | <input type="text"/> |
| 10. Food Stamps | <input type="text"/> | per | <input type="text"/> |
| 11. Tuition support anticipated from friends/relatives/employer | <input type="text"/> | per | <input type="text"/> |
| 12. Worker's Compensation | <input type="text"/> | per | <input type="text"/> |
| 13. Other Nontaxable Income | <input type="text"/> | per | <input type="text"/> |

Social Security

- | | | | |
|---|----------------------|-----|----------------------|
| 14a. Non-taxable social security income | <input type="text"/> | per | <input type="text"/> |
| 14b. Non-taxable social security income for all other household members | <input type="text"/> | per | <input type="text"/> |
-

Change of Income

Required fields are marked with *

15. Do you anticipate a decrease in your annual income for 2018? Yes No

Monthly Expenses

Required fields are marked with

Residential Expenses

1. Do you rent or own your primary residence?
2. Monthly rent or mortgage payment? (Include principal, interest, taxes and home insurance.)
3. Do you own a second home (not including rental property)? Yes No
- a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?
4. Monthly home equity loan payments

Vehicle Expense

5. Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

| Make/Model | Year | Monthly Payment |
|------------|------|-----------------|
|------------|------|-----------------|

Credit Cards and Other Loans

6. Total Credit Card Debt
7. Total of all minimum amounts due on monthly credit card statements
8. Monthly student loan payments for family members no longer attending college
9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.) Yes No
If yes, please list below.

| Loan Creditor | Monthly Payment |
|---------------|-----------------|
|---------------|-----------------|

10. Monthly Child Support Payments
- 11a. Health insurance premiums paid per month
- 11b. Health insurance premiums are paid

Annual Expenses

Required fields are marked with

12. Annual Vehicle Insurance Expense
13. Total annual out-of-pocket medical expenses not paid by insurance
14. Charitable contributions - cash or checks per year

College Expenses

- 15a. Number of family members attending college beginning this fall
- 15b. Total amount of your family's out-of-pocket cost for college expected this school year

Child/Day Care Expenses

(Do not include preschool/prekindergarten expenses. This should be indicated in Section 2 - School information.)

- 16a. Number of children for whom you pay child/day care expenses beginning this fall
- 16b. Total amount of child/day care expenses expected this year

Elder Care Expenses

- 17a. Number of people for whom you pay elder care expenses
- 17b. Total amount of elder care expenses expected this year

Assets & Liabilities

Required fields are marked with

1. Value of cash, savings, and/or checking accounts
2. Value of stocks, bond investments, mutual funds, and/or certificates of deposit
3. Value of retirement plan assets
4. What is your and/or your spouse's annual contribution to retirement plan assets?
5. If you own your home, what is the estimated value?
6. If you own your home, what is the amount you owe?
7. If you own a second home, what is the estimated value?
8. If you own a second home, what is the amount you owe?

Additional Information

Required fields are marked with

Additional information is being requested by one or more Institutions where you are applying for financial assistance. Please complete the following information.

Trenton Diocese

You may use the space below to add any information or comments which you may feel might be helpful in determining your family's qualification for tuition assistance.