

Request for Financial Assistance

Student Information Financial Aid Year 2017-2018

Name: Last _____ First _____

Address: _____

City _____ State _____ Zip Code _____

Father's Name _____

Address if Different _____

Mother's Name _____

Address if Different _____

Current Tuition Payment _____

Fixed Monthly Living Payments

Home Mortgage/Rent _____

Property Tax _____

Car Payment _____

Utilities _____

Other _____

Explain

Emergency payments during the last 6 months

Medical and Dental _____

Car Repair _____

House Repair _____

Monthly Income Source (list all that apply)

Mother's Wages _____ (provide 2016 W-2)

Father's Wages _____ (provide 2016 W-2)

Other Income _____

Additional Expense Information

Please provide any additional information that would help us understand your need for financial assistance.

What monthly payment could you reasonably make to Gloria Dei for your child or children's education?

Signature of Parent or Guardian _____