

The Marisol Ramirez Memorial Scholarship Fund

Day School and After Care

Scholarship funds are limited and determined by need. In order to determine the level of need of those applying for scholarship, a family must show their typical monthly income and expenses. The following information is designed to determine need and the amount of a scholarship award if appropriate. All information shared will be kept completely confidential.

In order to be considered for a scholarship the form **MUST** be filled out completely, including attaching required documentation of rent/mortgage and pay. Please take time for the numbers in the expenses to be accurate. If the application is not complete, it will be returned until all the information is provided. Everyone's circumstances are different, so if you would like to write a narrative as to why you need a scholarship or to explain something "unusual or different" in your income or expenses, attach a separate piece of paper to the application.

The Board of Directors meets the fourth Monday of each month. Scholarships are awarded in August and January for the regular school program. Camp scholarships are awarded in late spring. In order for a scholarship request to be presented and therefore considered, it must be received with all attached documentation, by the prior Monday. This is in order for time to review the documents and seek further clarification, if needed.

When this form is completed, place it in an envelope and give to Ms. Sheree or Ms. Randi. Please **DO NOT** send original documents. All supporting documents will be shredded for security purposes.

Mother's Name: _____ E-mail address: _____
Full Address _____

Phone Numbers: _____
(Home) _____ (Cell): _____

Father's Name: _____ E-mail address: _____
Full Address _____

Phone Numbers: _____
(Home) _____ (Cell): _____

Name and age of child(ren) to be registered at Holy Trinity

Name: _____ Age: _____ Start Date: _____

Name: _____ Age: _____ Start Date: _____

Additional Child(ren) at home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please answer all of the following questions.

1. Does your family receive any financial support from relatives or other sources?

2. No ___ Yes ___ Amount Monthly: \$ _____

Explanation:

2. Do you provide financial support for any relatives? (Include live-in grandparents and relatives overseas)

No ___ Yes ___ Amount Monthly: \$ _____

Explanation:

3. Has your income increased or decreased significantly from last year?

No____ Yes____ Explanation:

Current **Monthly** Income

_____ Salary or wages (after taxes) if paid bi-weekly multiply pay by 2

_____ Overtime _____ Bonuses

_____ Public assistance (Include POC, cash assistance, food stamps.)

_____ Alimony

_____ Child Support

_____ Investments (savings/retirement)...how much currently in your account

_____ Workers' compensation/Unemployment

_____ Disability/SSI

_____ Other (please indicate sources)

TOTAL MONTHLY INCOME _____

Attach a copy of the most recent months' worth of pay stubs and your most up to date tax returns.

CURRENT MONTHLY EXPENSES

(If not providing monthly amounts, please indicate if weekly/biweekly/quarterly/yearly)

_____ Rent (need proof) _____ Mortgage (need proof)

_____ Taxes _____ Home/Renters Insurance

_____ Car Payment #1 (pay off date _____)

_____ Car Payment #2 (pay off date _____)

_____ Car Insurance

_____ Travel Expenses (gas, repairs, bus)

_____ Groceries/month

Utilities:

_____ Gas/Propane _____ Water

_____ Electric _____ Trash

_____ Telephone, cell phone, e-mail (if more than one provider, list separately)

_____ Health care not paid by insurance / circle one: Individual/family plan

_____ Out of Pocket health care expenses (deductibles, etc)

_____ Laundry and cleaning supplies/month

_____ Clothes/month

_____ Education is this repayment of a loan? Yes/no
If yes, when is payoff date? _____

_____ Entertainment, gifts, and vacation

_____ Charitable contributions

Credit Card Debt (provide the monthly payment due)
Monthly Note: _____ Pay Off Amount _____

_____ Credit Card #1 _____

_____ Credit Card #2 _____

_____ Credit Card #3 _____

_____ Savings and Investment (how much contributed monthly)

_____ Child Care (other than Holy Trinity): Explain the need:

_____ Child Support for other children

_____ Other regular expenses (Please list source of the expense)

TOTAL ESTIMATED MONTHLY EXPENSES _____

Have you applied for Day Care vouchers through your local county?
_____ Yes _____ NO

If no, please do so. This is a requirement for financial aid unless there are extenuating circumstances. Describe on the back of this paper.

If both of this child's biological parents are not living in the home, have you file for child support?
Yes _____ No _____ If the answer is no please explain why.

Are you anticipating any significant financial changes in the next six months?
Please explain....

**I declare that the information contained on this form and any attachments are true and correct.
This form must be signed by all parties responsible for a child's tuition.**

Print or type name

Parent Signature

Date

Print or type name

Parent Signature

Date

** All scholarships must be reapplied for in Jan and at the beginning of the school year.

** All scholarship families must keep current with their tuition payments or be in jeopardy of losing the scholarship.