

All Saints Catholic School

3418 Noble Avenue
Richmond, Virginia 23222
804-329-7524
Fax 804-329-4201

Financial Assistance Application Form

Parent(s) or Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ (Father)

Home Telephone _____ Work Telephone _____ (Mother)

Religion

Please Check Catholic _____ or Non-Catholic _____

Child/Children Who Will Be Attending All Saints Catholic School

Child's Name	Grade in Fall
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Total Number of Children Who Will Be Attending Catholic School _____

Total Number of People in Your Family _____

Total Number of Dependent Children in Your Family _____

Yearly Amount Requested in Financial Assistance \$ _____

(This is a two-sided form.)

Financial Statement

(Please attach a copy of your 2007 Federal Income Tax Statement and W-2 Form)

Section A

Father – Please check the appropriate category.

Please indicate your income in one of the following categories.

Weekly _____

Biweekly _____

Semi-Monthly _____

Monthly _____

Mother – Please check the appropriate category.

Please indicate your income in one of the following categories.

Weekly _____

Biweekly _____

Semi-Monthly _____

Monthly _____

What is your yearly income? _____

Have you recently changed jobs or experienced a financial crisis? (Yes or No) _____

Please explain. _____

Section B

Please estimate your monthly expenses. _____

Do you receive any other income or support? _____

Please submit a short statement explaining your need for financial assistance.

I hereby certify that all of the above information is true and correct. I understand that this information is essential; that school officials may verify information; and that deliberate misrepresentation may subject me to persecution under applicable state and federal criminal statutes.

I also agree to perform community service for All Saints Catholic School as specified.

Signature _____ Date _____