

**MARQUETTE CATHOLIC HIGH SCHOOL  
FINANCIAL ASSISTANCE APPLICATION FORM  
FRANCIS FUND (2017-2018)**

Print, complete, and return this form to the MCHS Business Office by **January 31, 2017** if requesting financial assistance from the Francis Fund at MCHS. **Please note: Francis Fund awards are granted for all 4 years. If you are currently receiving Francis Funds, and your financial circumstances have not changed, you do not need to re-submit this application on an annual basis.**

**Parent(s) / Guardian(s) Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**STUDENTS ATTENDING MCHS 2017-2018:**

Name (Last, First)	Year of Graduation
1. _____	3. _____
2. _____	4. _____

**OTHER CHILDREN IN FAMILY:**

Name	Age	School Attending in 2017-2018 and estimated tuition (after assistance)
1. _____		
2. _____		
3. _____		

**PARISH:** \_\_\_\_\_

**PARENTS MARITAL STATUS:**

Circle One: Married    Divorced    Separated    Widowed    Single (never married)

If parents are divorced or separated, who has legal custody of the child(ren)? \_\_\_\_\_

If parents are divorced or separated, who is financially responsible for the child(ren)? \_\_\_\_\_

**EMPLOYMENT STATUS OF FINANCIALLY RESPONSIBLE PARENT(S):**

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If remarried, Spouse's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If remarried, Spouse's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**ADDITIONAL REQUIREMENTS:**

In order to be considered for assistance, all applicants (each student) must also attach the following to this application:

**Teacher Recommendation (for incoming freshman/transfer students only)**

**Photocopy of the previous semester's report card**

**Personal statement/essay about the importance of a MCHS education**

**ADDITIONAL INFORMATION:**

Because the family and the school both pay for the services of FACTS GRANT & AID ASSESSMENT, we use the company's recommendations to indicate priority. It is **VERY IMPORTANT** that you explain below any circumstances that should be considered in determining your family's financial need. (Serious illness, inability to work, loss of job, etc.) This information will be considered confidential. You may attach additional pages if necessary.

I understand that this form, the additional requirements listed above, and the Online FACTS GRANT & AID ASSESSMENT must all be submitted by **January 31, 2017** in order to be considered for financial assistance from MCHS. **Applications received after January 31st, will be placed on a waiting list.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_