

**MARQUETTE CATHOLIC HIGH SCHOOL
FINANCIAL ASSISTANCE APPLICATION FORM
FRANCIS FUND (2018-2019)**

Print, complete, and return this form to the MCHS Business Office by **January 31, 2018** 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 2018-2019:

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

OTHER CHILDREN IN FAMILY:

Name	Age	School Attending in 2018-2019 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, 2018** 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 _____