

**MARQUETTE CATHOLIC HIGH SCHOOL  
FINANCIAL ASSISTANCE APPLICATION FORM  
ST. FRANCIS FUND (formerly Angela Merici)  
2015-2016**

Print, complete, and return this form to the MCHS Business Office by **Tuesday, March 31, 2015** if requesting financial assistance from the St. Francis Fund at MCHS.

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

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

**STUDENTS ATTENDING MCHS 2015-2016:**

Name (Last, First)                      Year of Graduation

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**OTHER CHILDREN IN FAMILY:**

Name                      Age                      School Attending in 2015-2016 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 \_\_\_\_\_

(continue to next page to complete this application)

**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 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 FORM must all be submitted by **Tuesday, March 31, 2015** in order to be considered for financial assistance from MCHS. **Applications received after March 31, will be placed on a waiting list.**

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