

**K-8 Financial Aid Application**  
**For 2024-2025 School Year**  
**Our Lady of Sorrows Catholic School**  
*Application deadline – May 1, 2024*  
*Wee-K students are not eligible.*

1. Student name \_\_\_\_\_

Full address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

S.S.N. \_\_\_\_\_

**Grade entering in Fall 2024** \_\_\_\_\_

Religion: Catholic \_\_\_\_\_ Other \_\_\_\_\_

Catholic Parish \_\_\_\_\_  
\_\_\_\_\_

2. Father's name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Place of  
employment \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Position \_\_\_\_\_

S.S.N. \_\_\_\_\_

Religion: Catholic \_\_\_\_\_ Other \_\_\_\_\_

Catholic Parish \_\_\_\_\_

OLS School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Mother's name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Place of employment \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Position \_\_\_\_\_

S.S.N. \_\_\_\_\_

Religion: Catholic \_\_\_\_\_ Other \_\_\_\_\_

Catholic Parish \_\_\_\_\_

OLS School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_

4. With whom does student live? \_\_\_\_\_  
\_\_\_\_\_

5. Who is responsible for tuition? \_\_\_\_\_  
\_\_\_\_\_

6. Do you have other dependent children?  
Yes \_\_\_\_\_ No \_\_\_\_\_

7. If answer to #6 is yes, specify names,  
ages and school/s, including college:  
(please include other children enrolled at  
OLS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did any of your children graduate from  
OLS? Yes \_\_\_\_\_ No \_\_\_\_\_  
Years \_\_\_\_\_

9. Did any of your children attend OLS at  
any time? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you support any persons other than  
children (such as parents, grandparents,  
stepchildren, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

11. If so, how many other dependents? \_\_\_\_\_  
(these persons must be claimed as

dependents on your tax return)

- 12. Do you own your own home?  
Yes \_\_\_ No \_\_\_
- 13. Estimated market value of your home  
\$ \_\_\_\_\_
- 14. Value of mortgage on your home  
\$ \_\_\_\_\_
- 15. Value of securities, stocks, bonds,  
C.D.'s,  
etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 16. Father's Gross and Net Annual Income  
\$ \_\_\_\_\_
- 17. Mother's Gross and Net Annual Income  
\$ \_\_\_\_\_
- 18. Other income (including alimony,  
interest, dividends, rent, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
- 19. Total Income (16+17+18)  
\$ \_\_\_\_\_  
*(if parents are divorced, include  
only income from responsible parent  
plus relevant child support)*
- 20. Please list expenses on a monthly basis  
Rent/mortgage payment \$ \_\_\_\_\_
- 21. Tuition expense (grade school, high  
school, college if applicable)  
\$ \_\_\_\_\_
- 22. Car payment \$ \_\_\_\_\_
- 23. Food \$ \_\_\_\_\_
- 24. Utilities \$ \_\_\_\_\_
- 25. Insurance \$ \_\_\_\_\_
- 26. Clothes \$ \_\_\_\_\_
- 27. Credit Cards \$ \_\_\_\_\_
- 28. Medical Drugs \$ \_\_\_\_\_
- 29. Other \$ \_\_\_\_\_

- 30. Amount of Financial Aid requested  
\$ \_\_\_\_\_
- 31. Amount Responsible party is able to pay  
per month on tuition at OLS \$ \_\_\_\_\_
- 32. Do you receive any public assistance  
Yes \_\_\_ No \_\_\_  
If yes, what amount monthly \$ \_\_\_\_\_
- 33. Please state any extenuating  
circumstances that need to be taken into  
consideration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach copies of your completed 2023  
Federal Income Tax Form 1040 and  
all schedules and copies of all W-2  
and 1099 forms.**

**Do not send copies of Alabama State tax  
forms.**

**Signature:** \_\_\_\_\_

**(Print name)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR APPLICATION WILL NOT  
BE PROCESSED IF ANY  
REQUESTED INFORMATION IS  
MISSING OR IF YOUR TAX  
FORMS ARE NOT ATTACHED**

**For students in grades K-8 only**

**(Wee-Kindergarten students are not  
eligible.)**