



SACRED HEART HIGH SCHOOL COLLEGE PREPARATORY

Financial Aid Application

Parent Name: _____ Student Name: _____ Grade: _____

EXPENSES MONTHLY AMOUNTS TOTAL

HOUSING:

Rent/House Payment (provide copy) \$ _____
Property Taxes (provide copy) \$ _____
Association Fees (provide copy) \$ _____
Insurance (provide copy) \$ _____
Total Housing Expenses \$ _____

LIVING:

Cable TV (provide copy) \$ _____
Electricity (provide copy) \$ _____
Garbage (provide copy) \$ _____
Groceries (monthly average) \$ _____
Telephone (provide copy) \$ _____
Water (provide copy) \$ _____
Laundry (monthly averages) \$ _____
Other: _____ \$ _____
Total Living Expenses \$ _____

HEALTH:

Dentist (exclude payroll deductions) \$ _____
Doctor (exclude payroll deductions) \$ _____
Insurance (exclude payroll deductions) \$ _____
Prescriptions \$ _____
Other: _____ \$ _____
Total Health Expenses \$ _____

TRANSPORTATION:

Car Payments (provide copy) \$ _____
Gas/Oil Vehicle Maintenance \$ _____
Auto Insurance (provide copy) \$ _____
Commute (bus, train, etc.) \$ _____
Other: _____ \$ _____
Total Transportation Expenses \$ _____

MISCELLANEOUS:

Child Care (provide copy) \$ _____
Life Insurance (exclude payroll deduction) \$ _____
Alimony \$ _____
Clothing \$ _____
Other: _____ \$ _____
Total Miscellaneous Expenses \$ _____

Total Monthly Expenses \$ _____

FAMILY INCOME: Net Income (take home pay) & Other income (provide copy of check stubs)

Self \$ _____
Spouse \$ _____
Child Support \$ _____
Other: (SSI, SS, Unemployment) \$ _____

TOTAL MONTHLY INCOME \$ _____

Amount of Tuition you feel you can meet: \$ _____

***Please also provide a copy of your 2017 tax forms

MONTHLY CASH FLOW
Total monthly income \$ _____
Minus ---
Total monthly expenses \$ _____
NET = \$ _____

Parent Signature: _____

Date: _____