

St. Ignatius Financial Aid Application 2010-2011

Please complete all pages of this application and return to St. Ignatius College Preparatory on or before **February 16, 2010**. You must include a copy of your **2009 Federal Income Tax Return**, supporting schedules and W-2(s). Mail to:

Business Office, St. Ignatius College Prep, 2001 – 37th Ave., San Francisco, CA 94116

Student Data: List the SI students in your family who are applying for aid:		
Last Name	First Name	Graduating Class (circle)
1.		2011 12 13 14
2.		2011 12 13 14
3.		2011 12 13 14

Parental Data		
Father: ___living___deceased	Last Name	First Name
Street Address	City	Zip
Profession	Employer	
Mother:___ living___deceased	Last Name	First Name
Street Address	City	Zip
Profession	Employer	
Stepfather:___living___ deceased	Last Name	First Name
Street Address	City	Zip
Profession	Employer	
Stepmother:___living ___deceased	Last Name	First Name
Street Address	City	Zip
Profession	Employer	

CURRENT INCOME INFORMATION

Monthly Income from all sources (check source and indicate amount):

Father ___ Stepfather ___ Male Guardian___ gross monthly income..... \$ _____
Mother ___ Stepmother ___ Female Guardian___ gross monthly income..... \$ _____
Income from monthly alimony \$ _____
Income from child support \$ _____
Contribution from others for student's education \$ _____

Other Family Income:

Income property \$ _____

Location(s)(Complete Address)	Market value
_____	\$ _____
_____	\$ _____

Worker's Compensation income (send verification)..... \$ _____

Unemployment Compensation (send verification)\$ _____

Social Security \$ _____

Other: Source(s) _____ \$ _____

Total Gross Monthly Income \$ _____

Total monthly taxes \$ _____

Total net monthly income \$ _____

SAVINGS INFORMATION

Total Value of saving and checking accounts, money markets etc \$ _____

Total Value of mutual funds, stock funds, cd's or similar type other investments \$ _____

Total Value of 401K, SEP plans, IRAs and other retirement accounts \$ _____

CURRENT EXPENSE INFORMATION

List all creditors and state unpaid balances and monthly payment.

<u>Creditor name</u>	<u>Goods or Services</u>	<u>Total Amt Owed</u>	<u>Mo Pymt.</u>
_____	Landlord or Mortgage holder (Primary Residence Only)	\$ _____	\$ _____
_____	Home Insurance Premium	\$ _____	\$ _____
_____	Life Insurance Premium	\$ _____	\$ _____
_____	Auto Insurance Premium	\$ _____	\$ _____
_____	Property Taxes	\$ _____	\$ _____
_____	Utilities (PGE, water)	\$ _____	\$ _____
_____	Telecommunications (tel/ cell phones, internet provider)	\$ _____	\$ _____
_____	Car payments	\$ _____	\$ _____
_____	Food	\$ _____	\$ _____
_____	Clothing	\$ _____	\$ _____
_____	Medical/Dental Expenses (Not covered by Insurance)	\$ _____	\$ _____
_____	Transportation	\$ _____	\$ _____
_____	Alimony/Child Support pymt	\$ _____	\$ _____
_____	Tuition other school age children (If you are receiving aid for this tuition, please indicate) (Not College Age Students)	\$ _____	\$ _____
_____	Other	\$ _____	\$ _____

Total Monthly Expenses \$ _____

INCOME AND EXPENSE SUMMARY Total monthly net income \$ _____
Total monthly expenses \$ _____
Available monthly income \$ _____

REAL ESTATE

Do you own your own home? _____ Purchase Price _____ Year of Purchase _____

Current loan balance _____ Estimated current market value _____

AUTOMOBILES

Model	Make	Year	Model	Make	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

