

SI FINANCIAL AID APPLICATION SUMMER 2009
for currently enrolled SI students receiving financial aid

Both sides of this page **must be** completed and returned to the Saint Ignatius Summer School Office along with a copy of the parents' 2008 Federal Income Tax Return, W-2s and all supporting schedules.

Mail to: *Director of Summer Programs*
 Saint Ignatius College Preparatory
 2001 - 37th Avenue, San Francisco, CA 94116

Please Print

1. Students' Names:

Last Name	First Name	Current grade
_____	_____	_____
Last Name	First Name	Current grade
_____	_____	_____

2. Parental/Guardian Data:

Father's Name : _____ () Living () Deceased		
Street Address	City	Zip
_____	_____	_____
Employer	Job Description	Years on job
_____	_____	_____
Home phone: _____ Work phone: _____		
Cell phone: _____ Email: _____		
Mother's Name : _____ () Living () Deceased		
Street Address	City	Zip
_____	_____	_____
Employer	Job Description	Years on job
_____	_____	_____
Home phone: _____ Work phone: _____		
Cell phone: _____ Email: _____		

What is the total cost of the class you are selecting? _____

What is the total amount that you believe you are able to pay? _____

