



Catholic Preschool  
bilingual.bilingüe

**SANTA TERESITA PRESCHOOL  
CONFIDENTIAL FINANCIAL AID  
APPLICATION FORM SCHOOL  
YEAR 2025-2026**

**Student Applicant (s) Requesting Aid**

*Print Name of Preschool Child(ren) applying for aid*

**Last Name**

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Financially Responsible Parent or Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Other Parent or Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parents' Marital Status**

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Divorced & Remarried

\_\_\_ Father Deceased \_\_\_ Mother Deceased \_\_\_ Separated

**Total Family Size:**

Include parents, children and other persons dependent on and residing with financially responsible parent: \_\_\_\_\_

**Family Income Information**

Total income earned for tax year 2024 \$ \_\_\_\_\_

**Please enclose a copy of your 2024 Income Tax Form 1040**

Yearly Non-Taxable Income:

Child Support \_\_\_\_\_ Welfare \_\_\_\_\_ Social Security \_\_\_\_\_ Food Stamps \_\_\_\_\_

Current Value of cash, savings, checking account: \_\_\_\_\_

**Monthly Payments:** Family Residence: Own \_\_\_ Rent \_\_\_ Monthly Payment \$ \_\_\_\_\_

Electric: \_\_\_\_\_ Gas: \_\_\_\_\_ Phone: \_\_\_\_\_

Cable \_\_\_\_\_ Internet Services: \_\_\_\_\_ Insurance: \_\_\_\_\_

Car: \_\_\_\_\_ Food: \_\_\_\_\_ Credit Cards: \_\_\_\_\_

Education: \_\_\_\_\_ Medical: \_\_\_\_\_ Other: \_\_\_\_\_

Educational Expenses for children not attending St. Cecilia: \_\_\_\_\_

How much money can you pay for your Child's tuition: \_\_\_\_\_

List any special circumstances: \_\_\_\_\_

Do you have children at St. Cecilia Elementary School? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many? \_\_\_\_\_

**Family Services**

To be able to apply for this scholarship you have to be denied the help provided by Family Services or not be able to apply for a reason other than economic.

I have been denied help provided by Family Services. Reason \_\_\_\_\_

I cant apply for Family Service help. Reason \_\_\_\_\_

I declare that the information on this application is true, correct and complete.

Signature of financially responsible Parent/Guardian: \_\_\_\_\_

**For office use only:** Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Scholarship Awarded:\$ \_\_\_\_\_ until: \_\_\_\_\_ Reviewed by: \_\_\_\_\_