FINANCIAL AID FORM

(Must be completed prior to the start of school)

Mount Carmel High School

PO Box 2
Vancleve, KY 41385
Fax 606-666-4612

Student Name:_____

Parent/Guardian responsible for billing arrangements:_____

Financial Information:

1. Number of people living in your household Adults_____ Children_____

2. Adjusted Gross Income (AGI) _____

3. Income (Wages, salaries, tips, etc as reported on your W-2) _____

4. Untaxed Income: Use monthly statements
   A. Social Security Benefits _____
   B. Child support for all children _____
   C. Workers Compensation _____
   D. Housing, food and other Living allowance paid _____

5. Do you have relatives or other sources that will assist in paying a portion of the tuition?
   Yes_____ No_____ Amount contributed _____

Asset Information

9. Total combined in cash, savings and checking accounts _____

Other Information (use yearly amount)

10. Amount paid for other children in private school _____

11. Amount of college tuition paid _____

12. Amount and type of debts _____

We understand that tuition and fees are necessary in order for Mt. Carmel School to successfully fulfill its mission. We commit ourselves to promptly meet our financial obligations. All of the information in this form is true and complete to the best of my knowledge.

_____ _____

Parent Signature Date