

Financial Aid Application
Cathedral of Saint Raphael, Holy Spirit, Saint Patrick
2023-2024 Religious Education Year

All information provided on this form will be considered confidential.

Please complete, sign and return this form to:

Holy Spirit Parish: Jeff Jochum. Holy Spirit Office, 2215 Windsor Ave, Dubuque IA 52001
Cathedral, Saint Patrick : Jan Thyne. Cathedral of Saint Raphael, 231 Bluff Dubuque, IA 52001

1. Father, Stepfather, or Male Guardian: Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Parish _____

Occupation _____ Employer _____ How Long? _____

2. Mother, Stepmother, or Female Guardian: Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Parish _____

Occupation _____ Employer _____ How Long? _____

3. Parents' Marital Status: Married ____ Divorced ____ Single ____ Separated ____ Widowed ____ Both deceased ____

4. If parents are divorced or separated, who has legal custody of the applicant(s)? Mother ____ Father ____

5. List all dependents who receive at least 1/2 support from persons listed in Number 1 and Number 2.

NAME	AGE	GRADE	SCHOOL ATTENDING	HOW MUCH TUITION SUPPORT DOES YOUR CHILD NEED ENTER DOLLAR AMOUNT	FOR OFFICE USE ONLY: GRANT AMOUNT

Please continue on reverse side ☐

Financial Information:

6. Gross yearly income for person(s) listed in 1 and 2: _____

7. Non-taxable income (Social Security, Child Support, Welfare, etc.): _____

8. Average yearly contribution to your parish church: _____

9. Describe any special or unusual circumstances that affect your need status:

PLEASE ENTER THE DOLLAR TOTAL YOU ARE REQUESTING: _____

Parent's Certification: I declare that the information on this form, to the best of my knowledge, is true, correct, and complete. I understand that I may be required to verify information.

Parent Signature(s): _____

Date Completed: _____

FOR OFFICE USE ONLY: