

**OUR LADY OF MOUNT CARMEL SCHOOL
APPLICATION FOR FINANCIAL AID
FOR SCHOOL TUITION AND/OR EXTENDED CARE
2010-2011 SCHOOL YEAR**

1. Application is hereby made for financial aid at Our Lady Mount Carmel School for the following student(s):

NAME	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We are requesting financial assistance for school tuition and/or extended care.

2. Tuition for this child or these children: \$ _____ per year
3. Parent(s) propose to pay this amount \$ _____ per year
4. School is asked to subsidize this amount \$ _____ per year
5. Full-time extended care is projected to cost \$ _____ per month
6. Parent(s) propose to pay \$ _____ per month for full-time extended care
7. If you seek assistance for part-time extended care please indicate what your need is for next year. \$ _____ per month

A family only need complete one Private Aid Service (PSAS) Form each school year. This form is available through Catholic high schools, Archdiocese or school office. This form must be mailed directly to PSAS along with the processing fee.

8. Has a (PSAS) application for Archdiocesan Assistance been submitted? _____
9. If applicable, has a (PSAS) for High School Assistance been submitted? _____

If your answer is no, to question 8 or 9, please pick up a PSAS form from the school office. It must be mailed directly to PSAS by May 14, 2010.

10. Have you or will you apply for the BASIC FUND scholarship? _____
11. Have you or will you apply for the GUARDSMEN scholarship?
(If necessary, please explain any special circumstances on the back of this form) _____

FAMILY NAME (please print)

Signature

ADDRESS

Signature

