



**Financial Reevaluation Form**

Holy Family School System is committed to making sure Catholic education is available to all Catholic students who desire it. Holy Family provides assistance grants to families who demonstrate financial need.

**You must complete the application for STO funding from FACTS first, to be considered for local financial assistance.**

It is expected that families make Catholic education a priority in their financial planning. Families that incur large amount of “choice debt” are not rewarded for these choices.

If you feel the amount of your tuition assistance will not allow you to attend Holy Family School, please complete the following form and submit it to the Holy Family Business Office (in LaSalle) immediately. The Holy Family Tuition Assistance Committee will review your form. You will be notified of the Committee’s decision.

Parents or Guardians: \_\_\_\_\_

Student (s) Name (s) and grades: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parish Affiliation: \_\_\_\_\_

What amount do you feel your family can sacrificially commit toward the education of your student (s)?

We can contribute \$ \_\_\_\_\_ per student per school year (*if this is not completed, your form will not be considered*).

Use the space below to describe the specific financial circumstances that you feel necessitate a change in your tuition assistance grant. This section is extremely important. Please attach additional sheets if more space is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand this information will be kept confidential. I also understand that this form will not be considered unless I have completed an application with PSAS, this form is complete and all requested documentation is submitted. Further, I understand that the Tuition Assistance Committee reserves the right to request further information if it is felt that it is necessary to make its decision.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_ (over)

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<b>Income</b>	<b>Monthly Amount</b>
Wages	_____
Investment Income	_____
Business Income	_____
Social Security Income	_____
Disability Income	_____
Worker's Compensation Income	_____
Other _____	_____
Other _____	_____
<b>Total Income</b>	_____

<b>Expenses</b>	
Charitable Gifts	_____
Childcare	_____
Clothing	_____
Debt Payments (credit cards, loans, etc.)	_____
Food (groceries, restaurants, school lunch, etc.)	_____
Housing (mortgage, rent, property taxes, insurance, etc.)	_____
Medical/Health (insurance, medical expenses, etc.)	_____
Personal (toiletries, life insurance, recreation, etc.)	_____
Student Loan payments	_____
Transportation (gas, insurance, car payments, license, etc.)	_____
Tuition (Holy Family, Xavier, college, etc.)	_____
Utilities (electricity, gas, water, trash, telephone, etc.)	_____
Other _____	_____
Other _____	_____
<b>Total Expenses</b>	_____

**Net Income (Expense)** \_\_\_\_\_

<b>Unexpected Financial Concerns</b>	<b>Total Amount</b>
Reduction in wages	_____
Medical	_____
Home repairs	_____
Car repairs	_____
Other _____	_____
Other _____	_____