



# ST. JOHN'S COLLEGE

## FINANCIAL AID APPLICATION FORM

NOTE: (A) THIS FINANCIAL AID IS ESPECIALLY FOR THOSE WHO OTHERWISE COULD NOT AFFORD TO ATTEND S.J.C.

(B) INFORMATION HEREIN GIVEN IS CONFIDENTIAL, AND WILL BE SEEN ONLY BY COLLEGE ADMINISTRATION CHARGED WITH MAKING DECISIONS.

(C) IF THE FORM IS NOT FILLED OUT PROPERLY AND COMPLETELY, YOUR APPLICATION **MAY NOT BE CONSIDERED.**

**PLEASE PRINT**

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**A. STUDENT INFORMATION**

<b>1. First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>2. Address:</b>	<b>Tel. No.:</b> (H) _____ (W) _____ (C) _____	
<b>3. Address during school ( if different from above):</b>		
<b>4. Student beginning</b> <input type="checkbox"/> 1 st Form <input type="checkbox"/> 2 nd Form <input type="checkbox"/> 3 rd Form <input type="checkbox"/> 4 th Form		
<b>5. Date of birth:</b> Day: _____ Month: _____ Year: _____ Age as of 1 September: _____		
<b>6. From which primary school graduated?</b>		

**B. FAMILY INFORMATION**

**7. Check appropriate choice and provide information on choice selected:**

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other: (Explain: _____)		
<b>First Name:</b>	<b>Last Name:</b>	<b>Age:</b>
<b>Address:</b>		<b>Tel. No.:</b>
<b>Occupation:</b>		<b>Employer:</b>

**8. Check appropriate choice and provide information on choice selected:**

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other: (Explain: _____)		
<b>First Name:</b>	<b>Last Name:</b>	<b>Age:</b>
<b>Address:</b>		<b>Tel. No.:</b>
<b>Occupation:</b>		<b>Employer:</b>

**9. Marital Status of parents:**  Married     Single     Separated     Widowed

**10. Who supports the student financially? (Check as many as applicable):**

Father     Mother     Relative     Guardian

**Name of main source of support: ( if other than given above):**

<b>Address:</b>	<b>Tel. No.:</b>
<b>Occupation:</b>	<b>Employer:</b>

**List all supported by the person named in #10:**

Name	Relation to student	Age	School


**C. FINANCIAL INFORMATION**

12. Last annual income of person named in #10 (please supply income tax statement)		\$
13. Expected annual income of source of support:		\$
14. Monthly rent: \$	Monthly property payment: \$	Other monthly loan payment: \$
15. Who besides primary source of support (person named in #10) helps with your school cost?  Name: _____ How much? _____		

**D. FINANCIAL AID REQUEST**

16. This financial aid is attached to a work scholarship program.  Do you want a work scholarship? <input type="checkbox"/> YES <input type="checkbox"/> NO
17. Are there any special circumstances that have a bearing on this application that you think you need to mention?

**E.**

<p>We, _____ and _____          (Student's signature) (Parent's signature)</p> <p>declare that the information provided on this application is TRUE and CORRECT.</p> <p>DATE: _____</p>
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DO NOT WRITE ON THE LINE BELOW

THIS PART FOR OFFICE USE ONLY

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