

SAINT MARIA GORETTI CATHOLIC SCHOOL
2018-2019 FINANCIAL AID APPEAL



Parent (Guardian) Name: Last First

Phone Email

| | | | |
|-----------------------|----------------|-----------------------|----------------|
| _____ Student Name | _____ Grade | _____ Student Name | _____ Grade |
| _____ Student Name | _____ Grade | _____ Student Name | _____ Grade |
| _____ Student Name | _____ Grade | _____ Student Name | _____ Grade |

Amount of Additional Financial Aid Requested: _____

| | |
|---|---|
| Reason for Financial Aid Appeal: <i>(Please mark all that are applicable)</i> | |
| <input type="checkbox"/> Job Loss | <input type="checkbox"/> Pay Cut |
| <input type="checkbox"/> Job Loss (Spouse) | <input type="checkbox"/> Pay Cut (Spouse) |
| <input type="checkbox"/> Additional Medical Expenses | <input type="checkbox"/> Other Unanticipated Expenses |

Please provide additional explanation and attachments to thoroughly explain the reason for this appeal to be presented to the committee for consideration: _____

I attest that all of the above information presented is true.

Parent (Guardian) Signature Date