

**ST. THECLA SCHOOL FINANCIAL
AID APPLICATION**



**** MUST APPLY THROUGH AOD TO BE CONSIDERED FOR ST. THECLA FINANCIAL AID**

Parent, guardian or other adult responsible for tuition

Check all that apply:

Father Mother Guardian Other

Father Mother Guardian Other

Last Name First Name Middle Initial

Last Name First Name Middle Initial

Home Address

Home Address

Cell/Home Phone Email Address

Cell/Home Phone Email Address

Occupation Work Phone

Occupation Work Phone

Employed By How long?

Employed By How long?

Status of Parent(s), Guardian, or Other Adult:

St. Thecla Supportive Member or Family of Parishes: Envelope # _____

Non-Supportive Member:

List all dependents (Do not leave blank):

| Last Name | First Name | Age | Name of School | 2026/2027 Grade | Tuition /Room Board |
|-----------|------------|-------|----------------|-----------------|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Current marital status/housing arrangement of parent/guardian:

Single Married Divorced Widowed Remarried Separated Other: _____

*If tuition is shared, each responsible party must complete a Supplementary Information Form.

Work Status: Two Income Single Income

Household Information:

Number of individuals who will reside in your household during the 2026-2027 school year:

Parents/Guardians _____ Children _____

Other _____

Please explain: _____

Unusual Circumstances: Please list all that apply _____

| | | | | |
|---------------------|---------------------------|------------|-------------------------|-------------------------|
| Loss of job | Recent separation/divorce | Bankruptcy | College expenses | Income reduction |
| Death in the family | Shared custody | High debt | Child support reduction | Medical/Dental expenses |

Additional Information

