



Archbishop Carroll High School

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| Internal Use Only: | |
| DR: | _____ |
| AA: | _____ |
| CGPA: | _____ |
| SVC HRS: | _____ |

Tuition Aid Application

Applicant Information

Do we have a completed PSAS application on file? *PSAS applications are required for all financial aid requests.*

Y N

Student Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Grade Level: _____ GPA: _____ Date of Birth: _____

Desired Scholarship:
(if known)

Gender M F Religion: _____

Church/Parish: _____

Family Data

Mother's Name: _____ Employer: _____

Home Phone: () _____ Cell: () _____

Work Phone: () _____ Email: _____

Father's Name: _____ Employer: _____

Home Phone (if different): () _____ Cell: () _____

Work Phone: () _____ Email: _____

High School Activities

Please check all that apply. Also, please indicate years of participation and any positions held.

- | | | | |
|--------------------|--------------------------|-------------|--------------------------|
| Cheerleading | <input type="checkbox"/> | Soccer | <input type="checkbox"/> |
| Class Officer | <input type="checkbox"/> | Lacrosse | <input type="checkbox"/> |
| Student Government | <input type="checkbox"/> | Basketball | <input type="checkbox"/> |
| Band | <input type="checkbox"/> | Football | <input type="checkbox"/> |
| Choir | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| Track | <input type="checkbox"/> | | |
| Baseball | <input type="checkbox"/> | | |
| Softball | <input type="checkbox"/> | | |
| Volleyball | <input type="checkbox"/> | | |

Tuition Aid Request

Please attach a letter or statement explaining your request for financial need. Please remember to also include the amount you are requesting.

Disclaimer and Signature

I hereby certify that all information provided in this application is true and accurate.

Your signature below authorizes release of all records that may be requested by the Scholarship Committee. The use of the released information will be used exclusively for the determination of eligibility.

Signature: _____ Date: _____

***Please return this application directly to the Archbishop Carroll High School Finance office.**

