

Financial Aid Application  
Cathedral of Saint Raphael, Holy Spirit, Saint Patrick  
2022-2023 Religious Education Year  
All information provided on this form will be considered confidential.  
Please complete, sign and return this form to:  
Jeff Jochum. Holy Spirit Office, 2215 Windsor Ave, Dubuque IA 52001

1. Father, Stepfather, or Male Guardian: Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long? \_\_\_\_\_

2. Mother, Stepmother, or Female Guardian: Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long? \_\_\_\_\_

3. Parents' Marital Status: Married \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_ Both deceased \_\_\_\_

4. If parents are divorced or separated, who has legal custody of the applicant(s)? Mother \_\_\_\_ Father \_\_\_\_

5. List all dependents who receive at least 1/2 support from persons listed in Number 1 and Number 2.

| NAME | AGE | GRADE | SCHOOL ATTENDING | HOW MUCH TUITION SUPPORT DOES YOUR CHILD NEED ENTER DOLLAR AMOUNT | FOR OFFICE USE ONLY: GRANT AMOUNT |
|------|-----|-------|------------------|---|-----------------------------------|
|      |     |       |                  |   |                                   |
|      |     |       |                  |   |                                   |
|      |     |       |                  |   |                                   |
|      |     |       |                  |   |                                   |
|      |     |       |                  |   |                                   |

Please continue on reverse side ☐

Financial Information:

6. Gross yearly income for person(s) listed in 1 and 2: \_\_\_\_\_

7. Non-taxable income (Social Security, Child Support, Welfare, etc.): \_\_\_\_\_

8. Average yearly contribution to your parish church: \_\_\_\_\_

9. Describe any special or unusual circumstances that affect your need status:

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PLEASE ENTER THE DOLLAR TOTAL YOU ARE REQUESTING: \_\_\_\_\_

Parent's Certification: I declare that the information on this form, to the best of my knowledge, is true, correct, and complete. I understand that I may be required to verify information.

Parent Signature(s): \_\_\_\_\_

Date Completed: \_\_\_\_\_

FOR OFFICE USE ONLY: