



ST. CATHERINE OF SIENA
CATHOLIC SCHOOL
A 2013 National Blue Ribbon School

APPEAL OF FINANCIAL AID DECISION

Parent Names: _____

Student(s) Name(s): _____

The appeal process requires documentation of all your monthly expenses as well as your assets. Please provide us with copies only, no originals. Also, please black out any account numbers to ensure your privacy. All documents will be handled with the utmost discretion and confidentiality.

Please provide copies of the following documents:

- Copies of two most recent pay stubs
- Copies of any severance letters, or notifications of change in pay/hours
- Self Employed – copies of income statements from the first 3 months of 2023 and 2024 for comparison (or most completed month – must be a minimum of 3 months)
- Copies of most recent credit card statements (please black out account numbers)
- Copies of 1st and 2nd mortgage statements as well as home equity line of credit statements (must show balance of loans)
- Copies of vehicle loans and car insurance statements
- Copies of any other loan statements, include student loans
- Copies to tuition statements to college and/or other private schools
- Copies of Financial Aid awards to college and/or other private schools
- Copies of all 401K, IRA, savings, brokerage accounts, etc.

Please answer the following questions:

What neighborhood do you live in? _____

What is the value of your home? _____

Does your neighborhood have an HOA? ☐ yes ☐ no

What are the annual dues? _____

Do you belong to a Golf/Country Club? ☐ yes ☐ no

What are the annual dues? _____

Do you own any of the following:

2nd Home ☐ yes ☐ no if yes, what is its value? _____

Rental Home ☐ yes ☐ no if yes, what is its value? _____

Vacation Home ☐ yes ☐ no if yes, what is its value? _____

Boat ☐ yes ☐ no if yes, what is its value? _____

Recreational Vehicle ☐ yes ☐ no if yes, what is its value? _____



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Did you go on a vacation in the last 12 months? ☐ yes ☐ no

Where and what was the cost? _____

If you have lost your job recently (please provide documentation of job change):

When did you lose your job? _____

Did you receive a severance package? ☐ yes ☐ no

What was the total value of the package? _____

If you changed jobs recently:

When did you change jobs? _____

What was the change in pay? _____

If you have a had a change in pay:

What is the change in your salary/commission/hours? _____

When did this change take effect? _____

Does either spouse stay at home? _____

Please list all your dependents, including age and school/daycare attending and cost (if you are caring for an elderly family member, please list associated expense for them as well):

Name	Age	School/Daycare	Cost

Please list all vehicles and monthly payments:

Make	Model	Year	Monthly Payment

Please list all credit cards, outstanding balance, and the minimum monthly payment:

Card	Balance	Min. Monthly Payment



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Please list any additional expense you think we should be aware of (including children's activities, sports, medical, etc):

I certify that to the best of my knowledge that all the information I have provided is complete and accurate. If any of this information is found to be false or if I have purposefully omitted any information, I forfeit my right to any financial aid award.

Parent Signature: _____ Date: _____