





## (Please print clearly)

Applicant's name				
Parent or guardian names_				
Address:				
City:	State:	Zip:	E-mail:	
Daytime Phone#		ening Phone#		
Are you employed? Yes (	○ No ○			
If yes, employer's name				
Is your spouse employed?	Yes No			
If yes, employer's name				
Yearly household income Applicants must furnish proof of yearly household				
income (IRS 1040 Tax Return	). Qualification	for Financial A	Assistance at Sai	nt Sophia School is based
on the Utah State median y	early income (f	amily of four).		
Please list other sources of in	ncome i.e., child	d support, alim	ony, gifts, inherit	ance, trusts, or financial
assistance for education pu	irposes for the a	ipplicant.		
Have you completed and	submitted a reg	jistration inform	nation form for 21	024-2025? Yes No
Statement of Understanding	I have read this	Financial Assis	stance Application	and understand its contents.
also understand the assistance	is good for the 20	024-2025 school	l year only.	
Signature			Date	

- The Financial Assistance Committee will notify you by E-mail or letter.
- Awards and amounts are not guaranteed for future financial assistance applications.
- Disclaimer: Saint Sophia School objectively assesses each application making high quality education available to all who qualify. Amount awarded is based on available funds.
- Mail to: Financial Assistance Committee; Saint Sophia School, 5341 So. Highland Dr., Salt Lake City, UT. 84117
  Once Financial Assistance has been awarded, no other discounts will apply.

Saint Sophia School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at Saint Sophia School. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.