





(Please print clearly)

Applicant's name				
Parent or guardian names	5			
Address:				
City:	State:	Zip:	E-mail:	
Daytime Phone#	Ev	ening Phone	#	
Are you employed? Yes	No No			
If yes, employer's name _				
If yes, employer's name _ Is your spouse employed?	Yes No	\bigcirc		
If yes, employer's name _				
Yearly household income Applicants must furnish proof of yearly household				
income (IRS 1040 Tax Retu	rn). Qualification	for Financial	Assistance at Sair	nt Sophia School is based
on the Utah State median	yearly income (fo	amily of four).		
Please list other sources of	income i.e., child	d support, alin	nony, gifts, inherit	ance, trusts, or financial
assistance for education p	ourposes for the a	pplicant.		
Have you completed and	d submitted a reg	istration infor	mation form for 20	023-2024? Yes No
Statement of Understandin	g: I have read this	Financial Assi	stance Application	and understand its contents.
also understand the assistance	e is good for the 20	023-2024 schoo	ol year only.	
Signature			Date	
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- 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.