



Santa Margarita Catholic High School
Financial Aid Questionnaire

Family Information

Parent First & Last Name _____

Student First & Last Name _____

Parish Information (if Catholic)

Name of parish where registered: _____

Note: in order to receive the Catholic tuition rate, we will verify your current registration at the above named parish.

Circumstances

Briefly provide the circumstances surrounding your need for financial assistance. Please keep your explanations brief and do not exceed five:

1.

2.

3.

4.

5.

Signature of Parent: _____

Date: _____

This page is required to be considered for financial aid and must be faxed or emailed with your FACTS application and tax information to FACTS. Please DO NOT return to SMCHS.