GICC FINANCIAL AID APPLICATION FORM

DUE April 30 2026

All information obtained will be kept confidential.

Grand Island Central Catholic Schools & Foundation

1200 Ruby Avenue Grand Island, NE 68803 PH: 308-384-2440 FX: 308-389-3274

FATHER'S INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

MOTHER'S INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Parent's Marital Status: _____ Married _____ Separated _____ Divorced _____ Other: _____

Student's Name(s); _____

Is/Are student(s) registered in a Catholic parish? _____ No _____ Yes: (parish)_____

Child(ren) is/are living with: _____Both Parents _____Father _____Mother _____Other: _____

DEPENDENT INFORMATION

For each child in your household, please provide information below,
including the school he/she plans to attend during the 2026/2027 school year.

Name	Age	Grade (Fall of 2026)	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2025 HOUSEHOLD INCOME

List all sources of income that supported your household in 2025 and have been or will be reported on your 2025 Federal Income Tax Return.

2025 Income from Work - Father ……..……..… $_____

2025 Income from Work - Mother ……..…… $_____

Social Security Benefits ……..… $_____

Child Support …… $_____

Aid to Families with Dependent Children (AFDC/ADC) ……..….. $_____

Unemployment Compensation ……..… $_____

TOTAL HOUSEHOLD INCOME …… $_____

VERIFICATION OF INCOME IS REQUIRED. PLEASE ATTACH A COPY OF YOUR 2025
FEDERAL INCOME TAX RETURN WITH THIS FINANCIAL AID APPLICATION.

Did your family receive tuition assistance or scholarships during the current 2025/2026 school year? _____ Yes _____ No

ESTIMATED AMOUNT NEEDED FOR 2026/2027 SCHOOL YEAR: $_____

Although neither the Budget Finance Committee nor the Tuition Assistance / Scholarship Selection Committee can guarantee any specific amount of financial aid offered to your family, knowing the best estimated amount of assistance you anticipate needing for tuition costs in 2026/2027 would be helpful.

In the space below, please provide a detailed explanation of your need for financial assistance. Describe your situation as completely as possible, including any expenses that might be considered unusual or extraordinary.

CERTIFICATION / ACKNOWLEDGEMENT: I/We hereby certify that the information contained in this application is true and accurate to the best of my/our knowledge and belief. I/We also acknowledge that funds awarded/received are applied directly to the tuition account in the GICC Business Office.

Parent's Signature: _____ Date:_____

Parent's Signature: _____ Date:_____

Please send a copy of your federal tax return and this completed form in a sealed envelope to:

GICC Financial Aid
% Business Manager
1200 Ruby Avenue
Grand Island, NE 68803

Incomplete applications cannot be considered. GICC Financial Aid decisions will be made in July 2026.