

Wyoming Catholic College is committed to making the unique education it offers affordable to all qualified students. The College must insist, however, that each student and his or her parents contribute as much as possible toward the cost of the student's education.

2024-2025 FINANCIAL AID APPLICATION

*Please complete the form using blue or black ink.
Leave colored spaces blank.*

A. APPLICANT'S AND PARENTS' INFORMATION

	Student	Mother	Father	Non-Custodial Parent
Indicate Status:		<input type="radio"/> Mother <input type="radio"/> Stepmother <input type="radio"/> Legal Guardian	<input type="radio"/> Father <input type="radio"/> Stepfather <input type="radio"/> Legal Guardian	<input type="radio"/> Mother <input type="radio"/> Father
Name:				
Social Security Number:				
Date of Birth (MM/DD/YYYY):				
Birth Year of Older Parent:				
Driver's License Number:				
Address:				
City, State, Zip Code:				
Home Phone:				
Cell Phone:				
Work Phone:				
Email Address:				
Occupation:				
Employer:				
Unemployment Date:				
Retirement Date:				
Who claimed the student on their taxes?				

B. Native American Grant

Are you possibly eligible for the Native American Grant ? If yes, select Check box	Please provide a copy of documentation which shows the student's tribal affiliation and tribal enrollment number.			
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C. APPLICANT'S AND PARENTS' FINANCIAL DATA

Financial Information Application will not be considered if any field is left blank.	Student	Mother	Father	Non-Custodial Parent
2022 Taxes Filed As:	○ Form 1040	○ Form 1040	○ Form 1040	○ Form 1040
<i>Attach Copies of the Following Documents, if applicable:</i>	Document Specified Above	Document Specified Above	Document Specified Above	Document Specified Above
	2022 W-2	2022 W-2	2022 W-2	2022 W-2
	Social Security Benefit statement, (Only if receiving Social Security Benefits)	Social Security Benefit statement, (Only if receiving Social Security Benefits)	Social Security Benefit statement, (Only if receiving Social Security Benefits)	Social Security Benefit statement, (Only if receiving Social Security Benefits)
	Welfare Benefits statement	Welfare Benefits statement	Welfare Benefits statement	Welfare Benefits statement
Number in Parents' Household <i>Count student, parents, parents' other children living at home or in college, and grandparents, if applicable.</i>				
Number from above answer that will attend program at least half-time that leads to college degree or certificate. <i>Exclude those in military service academies.</i>				
Child Support Received <i>Exclude Foster Care or Adoption Payments.</i>				
Child Support Paid				
Veteran's Non-education Benefits, such as Disability, Death Pension, Dependency & Indemnity Compensation, VA Educational Work-Study Allowance.				
Other Untaxed Income, such as Worker's Compensation, Disability, Etc.				
Cash, Savings, & Checking Total <i>For student, do not include funds for \$3,000 summer payment.</i>				
Investments—Current Value <i>EXCLUDES primary residence, real estate, farms, college savings plans, & retirement plans.</i>				
Investment Debt <i>Investment debt only; do not include mortgage for primary home, personal or credit card debt.</i>				

Real Estate Investments - Debt <i>Do not include primary mortgage.</i>				
Business and/or Farm -Current Value				
Business and/or Farm - Debt				
Business and/or Farm -Number of Employees				
Pension or Annuity Value <i>Only include if currently receiving income from it.</i>				
College Savings or 529 Plans -Current Value				
Trusts -Current Value				

D. STUDENT'S AND PARENTS' PROJECTED INCOME AND BENEFITS

If either the student's or parents projected total income and benefits will differ substantially in the year following the income and benefits provided, please explain on an additional sheet describing the anticipated cause and amount of the change.

E. SPECIAL CIRCUMSTANCES AND EXPLANATIONS

If there are any special circumstances or further explanations of your family's situation that you would ask the Financial Aid Office to consider in connection with your application, please explain them on an additional sheet. For example, such factors could include medical expenses, elder care, or debt.

F. FAMILY MEMBERS' INFORMATION

Provide anticipated tuition expenses for the applicant and the applicant's immediate family members for the 2024-2025 academic year. If more space is required, make a copy of this page.

	Applicant	Sibling #1	Sibling #2	Sibling #3	Sibling #4	Sibling #5	Sibling #6
Name:							
Age:							
Name of School:	WCC						
School's Location:	Wyoming						
List type of school: <i>Elementary, Secondary, College, Graduate</i>	College						
Total Cost (Including Room & Board):	\$40,000						
Please list proposed payments from Family:							
Registration Deposit	\$500						
Student's Summer Earnings <i>(Minimum \$3,000- application will not be considered if left blank)</i>							
Student's Savings <i>(do not include summer earnings or college savings)</i>							
College Savings or 529 Contribution							
Parents' Payment <i>(Application will not be considered if left blank)</i>							
Financial Aid from the School:							
Work Study <i>(WCC maximum \$3,300)</i>							
Merit or Founders' Scholarship							
Outside Sources:							
Outside Scholarships							
Financial Aid Anticipated:							
Student Loan:							
WCC Grant expected:							
Total Financial Package:	\$40,000						

G. CERTIFICATION

By my signature below, I certify that the information on this form is true and complete to the best of my knowledge. I understand that the deliberate inclusion of false or misleading information will result in the loss of eligibility for institutional aid. If asked, I agree to provide proof of the information given on this form. I certify that all information is correct as of this date and that I will send timely notice of any significant changes in income, assets, financial situation, educational plans for other family members, or the receipt of other scholarships, loans, or grants. By signing below, I, the student, hereby agree to allow Wyoming Catholic College to discuss matters that relate to my financial aid with the parent(s) whose information is provided during the financial aid process. I understand that I can withdraw this permission at any time by submitting a written request to the Financial Aid Office.

	Student	Mother	Father	Non-Custodial Parent
Name:				
Date:				

Please return this form and all required attachments to:

Wyoming Catholic College, Financial Aid Office
 306 Main Street
 Lander, WY 82520
 Fax: 307-332-2918
financialaid@wycatholic.edu

Contact:

Christina Bolin
 Director of Financial Aid
 Direct line (307) 438-9021
 (Updated 10/24/2023)