

Wyoming Catholic College is committed to making the unique education it offers available to qualified students regardless of their financial need. 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.

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

2022-2023 FINANCIAL AID APPLICATION

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 as a tax exemption?				

B.

Are you possibly eligible for:				
Native American Grant	Please provide a copy of documentation which shows the student's tribal affiliation and tribal enrollment number.			
Veterans' Affairs Benefits	Please contact the VA to determine the student's eligibility. At present, we have students who receive VA benefits, but that might change due to pending legislation.			

C. APPLICANT'S AND PARENTS' FINANCIAL DATA

2020 Information:	Student	Mother	Father	Non-Custodial Parent
2020 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
	2020 W-2	2020 W-2	2020 W-2	2020 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, 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 <i>(EXCLUDES primary residence, real estate, farms, college savings plans, & retirement plans) -Current Value</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. OUTSIDE SCHOLARSHPS

All students requesting financial aid must apply for a **minimum of two (2) outside scholarships.**

Attach copies of the completed scholarship applications and results (if known).

Application Submitted to:	Address, City, State, Zip Code	Award Date	Potential Award	Actual Award
1.				
2.				

E. 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.

F. 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.

G. ACHIEVEMENT AWARDS

Please circle or highlight each category that applies to the student and attach documents substantiating each award.

National Merit Scholar	Served as a religious education teacher	Played a musical instrument in an orchestra or band	Completed four or more levels of a foreign language	Won an award at a regional, state, national, or international science or engineering competition
National Honors Society Member	Altar Server	Knights of Columbus member	4H or FFA member	Parish or School Choir Member
Speech/Debate or Model UN Club Member	NOLS/Outward Bound Graduate or Wilderness First Responder Certified	Participated in a domestic or international mission trip of one week or more	50 hours or more of works of mercy with a Catholic charity or pro-life group	Won a scholarship award from or was an active member for at least 4 years in the National Federation of Music Clubs for any instrument
Complete a Calculus Course	National Latin Exam Award	Eagle/ Gold Scout Award	Varsity athlete	
How many AP exams have you completed with a score of 3 or higher?		How many IB exams have you completed with a score of 4 or higher?		

H. FAMILY MEMBERS' INFORMATION

Provide anticipated tuition expenses for the applicant and the applicant's immediate family members for the 2022-2023 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):	\$35,500						
Please list the payments from Family:							
Registration Deposit	\$500						
Student's Summer Earnings <i>(minimum \$3,000)</i>							
Student's Savings <i>(do not include summer earnings or college savings)</i>							
College Savings or 529 Contribution							
Parents' Payment							
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: <i>(suggested amounts)</i> <i>Freshman \$4,500 Sophomore \$5,500</i> <i>Junior \$6,500 Senior \$7,500</i>							
Parent Loan: <i>Suggested amount per family \$2,000</i>							
WCC Grant expected:							
Total Financial Package:	\$35,500						

I. 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 02/03/2022)