

St. Patrick School Scholarship Fund Family Application

CONFIDENTIAL

All information given on this application will be held in strictest confidence by the principal of St. Patrick School and the pastor of Divine Grace Parish.

Family Name: _____

Address: _____

Telephone: _____

Today's Date: _____

DEPENDENTS

Children enrolled at St. Patrick's

Grade in 2021-2022

_____	_____
_____	_____
_____	_____
_____	_____

Other Dependents

Age

_____	_____
_____	_____
_____	_____

EMPLOYMENT

Parent/Guardian

Parent/Guardian

Name: _____

Place of Employment: _____

Address of Employment: _____

Occupation: _____

Years at Employer: _____

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FINANCIAL INFORMATION

Please attach copies of Federal W2 Forms and your most recent Federal Tax Return listing Adjusted Gross Income.

Adjusted Gross Income _____

Additional Income (Social Security benefits, public assistance, child support) _____

ADDITIONAL INFORMATION

Please provide any additional information you want to include regarding change in financial status, job loss, etc.

AFFIRMATION

I/We certify that the information included on this application is truthful and complete to the best of our knowledge. We agree to notify the principal of any significant changes in our financial situation.

Parent/Guardian

Date

Parent/Guardian

Date

COMPLETED BY SCHOOL PRINCIPAL:

Tuition for this family is \$ _____

I authorize \$ _____ from the St. Patrick's School Scholarship Fund.

Other tuition assistance which the family will receive for the 2021-2022 school year:

Principal, St. Patrick School

Date