

St. Mary Catholic School 2023-2024 Scholarship Request Form

SECTION A - PARENT OR GUARDIAN INFORMATION

Include all parents or guardians who reside in the family home.

LAST NAME _____	FIRST NAME _____	M.I. _____	LAST NAME _____	FIRST NAME _____	M.I. _____
SOCIAL SECURITY NUMBER _____	AGE _____	WORK PHONE _____	SOCIAL SECURITY NUMBER _____	AGE _____	WORK PHONE _____
OCCUPATION _____			OCCUPATION _____		
EMPLOYER _____		# YEARS _____	EMPLOYER _____		# YEARS _____
MARITAL STATUS MARRIED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DIVORCED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			MARITAL STATUS MARRIED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DIVORCED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

SECTION B - HOUSEHOLD INFORMATION

Street address _____	City _____
State _____	Zip Code _____
Home Telephone Number _____	

How many people will reside at this address during the up-coming school year? Adults _____ Children _____

SECTION C - INFORMATION ABOUT DEPENDENTS

Family home and rely on the adults in Section A for primary Support.

Please print the full name of the each child below. If child will attend a tuition- charging school, college, preschool or daycare facility during the up-coming school year, provide the information requested.

In cost column please enter the amount you are paying.

Last Name	First Name	Age	School, Preschool,	Grade up-coming Year	Cost

SECTION D - INCOME AND EXPENSES

To be considered for a scholarship the following information must be provided for the current tax year.
Enter zero if applicable. A copy of the last tax return must be attached.

INCOME	Total adjusted gross income.	_____
	Worker's compensation received	_____
	Food Stamps received	_____
	Child support received	_____
	Other non-taxable income	_____
EXPENSES	Child support paid	_____
	Alimony paid	_____
	Medical or Dental expenses not paid by insurance or otherwise reimbursed - include premiums you paid	_____

SECTION F - SPECIAL CIRCUMSTANCES

Please provide a brief description of any significant changes in income, expense or financial condition expected during the up-coming school year or any other information that you would like considered when determining aid eligibility. Attach additional sheets if necessary.

RELIGIOUS AFFILIATION _____

CHURCH ATTENDING _____

SECTION G - CERTIFICATION AND SIGNATURE

PLEASE LET US KNOW IMMEDIATELY IF ANY OF YOUR CIRCUMSTANCES CHANGE

This form must be signed by all parents in Section A. Incomplete or unsigned applications will not be processed

I (we) certify that the information on this form and all attachments is complete and accurate to the best on my (our) knowledge. I (we) authorize St. Mary Catholic School to verify this information with the schools named in Section C of this form.

Certifying Parent or Guardian Printer Name

Parent or Guardian Signature

Date

Certifying Parent or Guardian Printer Name

Parent or Guardian Signature

Date