



# Parish Scholarship Form

## **Parish Verification:**

Parents full names: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I confirm that my family is a registered member of \_\_\_\_\_ Catholic Church and as such:

- **We practice our Catholic faith** by participating weekly at Mass as the Sunday Eucharist is the center of our life as Catholics.
- **We serve our parish by active involvement** in its activities. Catholics give witness to their faith by taking part in the Church's ministry and mission.
- **We contribute to our parish** as we are financially able throughout the calendar year.

**Student Names & Grade for 2020-21:** For each student please indicate which scholarship amount you are applying for.

Student Name: \_\_\_\_\_ Scholarship Option: \_\_\_\_\_ Student Name: \_\_\_\_\_ Scholarship Option: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Scholarship Option:**

	<b>Total Cost</b>	<b>Parish Scholarship</b>	<b>Family Obligation</b>	<b>Monthly FACTS Payment</b>
<b>1 Child</b>	\$4,825	\$1,550	\$3,275	\$327.50
<b>2 Children</b>	\$9,650	\$3,450	\$6,200	\$620.00
<b>3 Children</b>	\$14,475	\$5,775	\$8,700	\$870.00
<b>4 or more children</b>	\$19,300	\$10,600	\$8,700	\$870.00

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pastor Verification:** I consider this family to be active registered members of my parish and approve the scholarship that the family has applied.

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_