



# 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 2021-22:** For each student please indicate which scholarship amount you are applying for.

Student Name:	Scholarship Option:	Student Name:	Scholarship Option:
_____	_____	_____	_____
_____	_____	_____	_____

## Scholarship Option:

	Total Cost	Parish Scholarship	Family Obligation	Monthly FACTS Payment
<b>1 Child</b>	\$4,900	\$1,550	\$3,350	\$335.00
<b>2 Children</b>	\$9,800	\$3,450	\$6,350	\$635.00
<b>3 Children</b>	\$14,700	\$5,775	\$8,935	\$895.50
<b>4 or more children</b>	\$19,600	\$10,600	\$9,000	\$900.00

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: \_\_\_\_\_