

ST. MARY'S

CATHOLIC SCHOOL - MORRIS, MN

APPLICATION FOR SCHOLARSHIP MONEY

Dear Applicant,

We understand the financial burden that providing a strong Catholic education might have on a family and we appreciate that you have chosen St. Mary's School as your choice to educate your child. We have created this scholarship program to help those families who may need financial assistance in sending their child(ren) to our school.

Scholarship awards are based upon financial need of the applicant and will be awarded on a first come, first serve basis. Please return the completed application with your Federal Tax Returns (Form 1040, just the first two pages) and proof of any other income. Previously awarded families are required to re-qualify annually to maintain their scholarship.

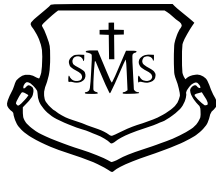
Once again, thank you for choosing St. Mary's School for your child(ren). Please be sure to contact me if you have any questions or concerns.

God Bless,

Joseph Ferriero, M.Ed.
Principal

Scholarship Check Off List:

- Completed Application (2 pages)
- Copy of Federal Tax Returns (optional – may be required at a later date)
- Additional Income Documentation
- Any additional documents or information that may be helpful



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Note: Scholarship money for St. Mary's is a need-based scholarship program. You may need to provide a copy of your most recent tax return with this application.

CHILD(REN) INFORMATION

Number of children in the household: _____

Children enrolled in St. Mary's School for the scholarship year:

Student #1: _____ Grade: _____

Student #2: _____ Grade: _____

Student #3: _____ Grade: _____

Student #4: _____ Grade: _____

ADULT INFORMATION

Number of adults in the household: _____

Adult #1: _____ Relationship to student(s): _____

Total Wages: \$_____ weekly bi-weekly monthly yearly other

Public Assistance*: \$_____ weekly bi-weekly monthly yearly other

Other Income**: \$_____ weekly bi-weekly monthly yearly other

Adult #2: _____ Relationship to student(s): _____

Total Wages: \$_____ weekly bi-weekly monthly yearly other

Public Assistance*: \$_____ weekly bi-weekly monthly yearly other

Other Income**: \$_____ weekly bi-weekly monthly yearly other

PLEASE CONTINUE.

Adult #3: _____ Relationship to student(s): _____

Total Wages: \$ _____ weekly bi-weekly monthly yearly other

Public Assistance*: \$ _____ weekly bi-weekly monthly yearly other

Other Income**: \$ _____ weekly bi-weekly monthly yearly other

Adult #4: _____ Relationship to student(s): _____

Total Wages: \$ _____ weekly bi-weekly monthly yearly other

Public Assistance*: \$ _____ weekly bi-weekly monthly yearly other

Other Income**: \$ _____ weekly bi-weekly monthly yearly other

*Public assistance includes child support and alimony.

**Other income includes farm and self-employment. Feel free to attach additional documentation to this application.

ADDITIONAL INFORMATION

Please provide any additional information that may be beneficial for the scholarship committee to review.

SIGNATURE

Person completing this form:

Signature

Date

Print Name

OFFICE USE ONLY

Application Received on _____ at _____ by _____

Approved Denied

Additional Notes: _____

Official Signature: _____