



# 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:	Grade (21-22):	Student Name:	Grade (21-22):
_____	_____	_____	_____
_____	_____	_____	_____

## Scholarship Option:

	Total Cost	Parish Scholarship	Family Obligation	Monthly FACTS Payment
<b>PER CHILD</b>	<b>\$8,100</b>	<b>\$800</b>	<b>\$7,300</b>	<b>\$730.00</b>

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: \_\_\_\_\_