



# Parish Scholarship Form 2023-2024

## **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 2023-24:** 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
1 Child	\$5,200	\$1,550	\$3,650	\$365.00
2 Children	\$10,400	\$3,450	\$6,950	\$695.00
3 Children	\$15,600	\$5,775	\$9,825	\$982.50
4 or more children	\$20,800	\$10,975	\$9,825	\$982.50

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. I also agree to pay the parish scholarship for the above family.

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