



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 2022-23: 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	\$5,000	\$1,550	\$3,450	\$345.00
2 Children	\$10,000	\$3,450	\$6,550	\$655.00
3 Children	\$15,000	\$5,775	\$9,225	\$922.50
4 or more children	\$20,000	\$10,600	\$9,400	\$940.00

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: _____