

St. Joseph Parish SCRIP Information Sheet

Please fill out the following information for our records (PLEASE PRINT CLEARLY):

Parent(s) Name: _____

Email: _____

Name(s) of Children	School or Program	Grade for upcoming school year
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	

* SJY=St. Joseph Elementary School, RE=St. Joseph Religious Education Program, YC=York Catholic High School, PS=Post-Secondary or Trade School

Please direct our SCRIP SCHOLARSHIP to the following:

(SCHOLARSHIPS WILL BE APPLIED IN THE FOLLOWING ORDER: ST. JOSEPH SCHOOL, ST. JOSEPH RELIGIOUS EDUCATION, YORK CATHOLIC, POST-SECONDARY OR TRADE SCHOOLS)

☐ SJY TUITION ACCOUNT FOR THE FOLLOWING FAMILY: _____

☐ RELIGIOUS EDUCATION TUITION ACCOUNT FOR THE FOLLOWING FAMILY: _____

☐ YORK CATHOLIC TUITION ACCOUNT FOR THE FOLLOWING FAMILY: _____

☐ POST SECONDARY SCHOOL TUITION ACCOUNT FOR THE FOLLOWING STUDENT: _____

SCHOOL ADDRESS: _____

☐ SJY SCHOOL

☐ SJY CHURCH

☐ BY CHECKING THIS BOX, YOU UNDERSTAND THAT YOU MUST PURCHASE A MINIMUM OF \$1000 IN ORDER TO BE ELIGIBLE FOR ANY SCHOLARSHIP FUNDS

Signature: _____ Date: _____