Saint Paul School, Kensington

SCHOLARSHIP APPLICATION

Applying for School Year:		<u> </u>
Name of Applicant	 	Grade (this year)
Address		
Parents/Guardians Names		
Marital Status		Size of Household
Home phone	Ce	ell phone
Please list each student in your	family by name	e, age, and name of school presently attending:
Name	Age	School
Name	Age	School
Name	Age	School
 We are applying the second of t	ing for the follow ship ellence, charact cholarship ievement and C holarships NY who have con inded Saint Paul idents, and who	atholic Christian compassion

All Scholarship Awards will be credited toward tuition.

All applications must be submitted to the Business Manager by May 1st.

SAINT PAUL SCHOOL, KENSINGTON SCHOLARSHIP APPLICATION

Why do you feel your child would qualify for a scholarship:		
(Please Note:	We may require additional information before an award is made)	
Parent Signature:	Date:	