

# St. Mary Catholic School 2025-2026 Scholarship Request Form

## SECTION A - PARENT OR GUARDIAN INFORMATION

Include all parents or guardians who reside in the family home.

LAST NAME _____	FIRST NAME _____	M.I. _____	LAST NAME _____	FIRST NAME _____	M.I. _____
SOCIAL SECURITY NUMBER _____	AGE _____	WORK PHONE _____	SOCIAL SECURITY NUMBER _____	AGE _____	WORK PHONE _____
OCCUPATION _____			OCCUPATION _____		
EMPLOYER _____		# YEARS _____	EMPLOYER _____		# YEARS _____
MARITAL STATUS MARRIED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DIVORCED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			MARITAL STATUS MARRIED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DIVORCED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

## SECTION B - HOUSEHOLD INFORMATION

Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

How many people will reside at this address during the up-coming school year? Adults \_\_\_\_\_ Children \_\_\_\_\_

## SECTION C - INFORMATION ABOUT DEPENDENTS

Family home and rely on the adults in Section A for primary Support.

Please print the full name of the each child below. If child will attend a tuition- charging school, college, preschool or daycare facility during the up-coming school year, provide the information requested.

In cost column please enter the amount you are paying.

Last Name	First Name	Age	School, Preschool,	Grade up-coming Year	Cost

## SECTION D - INCOME AND EXPENSES

To be considered for a scholarship the following information must be provided for the current tax year.  
Enter zero if applicable. A copy of the last tax return must be attached.

<b>INCOME</b>	Total adjusted gross income.	_____
	Worker's compensation received	_____
	Food Stamps received	_____
	Child support received	_____
	Other non-taxable income	_____
<b>EXPENSES</b>	Child support paid	_____
	Alimony paid	_____
	Medical or Dental expenses not paid by insurance or otherwise reimbursed - include premiums you paid	_____

**SECTION F - SPECIAL CIRCUMSTANCES**

**Please provide a brief description of any significant changes in income, expense or financial condition expected during the up-coming school year or any other information that you would like considered when determining aid eligibility. Attach additional sheets if necessary.**

**RELIGIOUS AFFILIATION** \_\_\_\_\_

**CHURCH ATTENDING** \_\_\_\_\_

**SECTION G - CERTIFICATION AND SIGNATURE**

**PLEASE LET US KNOW IMMEDIATELY IF ANY OF YOUR CIRCUMSTANCES CHANGE**

**This form must be signed by all parents in Section A. Incomplete or unsigned applications will not be processed**

I (we) certify that the information on this form and all attachments is complete and accurate to the best on my (our) knowledge. I (we) authorize St. Mary Catholic School to verify this information with the schools named in Section C of this form.

\_\_\_\_\_  
Certifying Parent or Guardian Printer Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Parent or Guardian Printer Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date