

Sponsor-A-Student Scholarship Application

Date:			
Name:	Phone	:	
Address:		Email:	
List of Children who Atten	d St. Dennis School		
Name 1		Grade ———	Date of Birth
2			
3			
4			
NAME	Father 		Mother
Place of Employment			
Position			
Are you a St. Dennis Parisl	nioner?: Aı	re you Catholic	?:
Are you a single parent?: _			
List Dependent Children C	laimed as Federal Tax	Exemptions	
Name 1 2		<u>.</u> -	School Presently Attending
3. 4.		_	

GROSS ANNUAL INCOME of Mother and Father *Please include a copy of your federal tax form 1040

PAST YEAR COMBINED INCOME: \$
Est. UPCOMING YEAR: \$ Other sources of income (Child Support, Unemployment, Rental Property, Social Security, Etc):
ASSETS:
Hardships oor Special Circumstances (Disability, Debt, Medical bills):
Statement of Commitment (What are you willing/able to pay?):
Statement of Support/Need (Why are you asking for help?):
Signature: Date:

St. Dennis School admits students of any race, color, national, and ethnic origin to the rights, privileges, programs, and activities generally accorded or make available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and financial aid programs, and athletic and other school-administered programs