

PLEASE answer ALL questions, and provide DETAILS in space provided.
 INCOMPLETE or MISSING information may be a DISADVANTAGE!

Mary Lou Scholarship Fund

PLEASE fill out a separate application for each Student for whom you are applying, but for "DETAIL" which is the same for your Students, you may refer on the younger child(ren)'s application to the older child's.

APPLICATION FOR SCHOOL YEAR 2024-2025

DUE in Parish Office by April 19, 2024 at 12 p.m.

Student Information

Name:	Date of Birth:
Address (if different from Applying Parent's or Guardian's):	Current School & Grade:
	School in 2024-2025:

Applying Parent [] or Legal Guardian [] Information (← Please Check Applicable Boxes):

1 Name:	2 Name:
Address:	Address:
Telephone: Check for <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Telephone: Check for <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-mail Address:	E-mail Address:
Employer:	Employer:
Job Title:	Job Title:
Marital Status: Single _____ Married _____ Widowed _____ Divorced _____	Marital Status: Single _____ Married _____ Widowed _____ Divorced _____
Names & Ages of All Other Children: Please check box next to name of each Other Child for whom you are also submitting a 2024-2025 application ▼	Names & Ages of All Other Children: Please check box next to name of each Other Child for whom you are submitting a 2024-2025 application ▼
1	5
2	6
3	7
4	8

Parish Life – You and the Student MUST be current, participating members of the St. George Parish

(Please Check all Applicable Boxes):

Activity	Student	Parent/Guardian 1	Parent/Guardian 2
Registered with St. George Parish			
Attends Mass Regularly			
Participates in Parish Ministry – Please specify			
Gives other time or talent to Parish			

Please Describe Parent's and Student's Involvement in Parish Life in DETAIL: _____

 _____ (Please continue on back of this sheet as needed)

Catholic School Life – If next school year will be the Student's first Catholic School experience, please respond with current school or pre-school activities (Please Check all Applicable Boxes):

Activity	Student	Parent/Guardian 1	Parent/Guardian 2
School Activities			
Gives other time/talent to School			

Please Describe Involvement in DETAIL _____

 _____ (Please continue on back of this sheet as needed)

Financial Need

1. Please attach copies of Applying Parents' and/or Guardian's: (a) most recent year of Federal and State Income Tax Returns with copies of any W-2's and Forms 1099's; and (b) 2 most recent pay stubs. Applications without this documentation will be returned, and you may miss the filing deadline. If you receive only non-taxable income or otherwise do not file tax returns, please explain below and identify all non-taxable or otherwise unreported income.

Non-Filers' Information _____

_____ (Please continue on back of this sheet as needed)

2. Support & Needs of Student (Please fill in dollar amounts).

Child Support from Non-Custodial Parent	\$ _____	Tuition Cost for 2024-2025	\$ _____
Social Security Benefits for Student	\$ _____	Tuition Assistance from	\$ _____
Other Government Benefits for Student	\$ _____	Others for 2024-2025	
IMPORTANT: Please verify exact amounts with the School	Tuition Cost for 2024-2025		\$ _____
	Additional mandatory fees charged by School		\$ _____
Amount Parents or Guardians CAN pay for 2024-2025 tuition & mandatory fees			\$ _____

3. Applying Parents' or Guardian's Home.

- a. Please Check if: Rented [] or Owned []. State Amount for Monthly Rent/Mortgage(s) \$ _____
- b. Name Other Children you support who do not live in Your Home AND Amount and Frequency of the Support You Pay: _____

4. Special Needs or Circumstances. Please explain any special expenses or expected changes in finances or employment in **2024-2025** for the Student or the Applying Parents or Guardians. _____

_____ (Please continue on back of this sheet as needed)

Other Special Needs: Please state any Special Needs or Other Information you wish to have considered:

_____ (Please continue on back of this sheet as needed)

We declare that all information stated on this Application and on the attached tax returns is true, correct, and complete, to the best of my/our knowledge, information, and belief.

 Signature of Parent or Guardian 1
Date: _____

 Signature of Parent or Guardian 2
Date: _____

Received by St. George Pastor: _____ **Date:** _____

[Please NOTE: all names and other identifying information are removed before Award Committee reviews your data. All tax returns and pay stubs will be destroyed during or after 2024-2025]

*For additional information on **Non-Filers' Information**, please continue here:*

*For additional information on **Special Needs or Circumstances**, please continue here:*

*For additional information on **Other Special Needs**, please continue here:*

***For Optional Application for Fr. Bill Supplemental Award
Please Continue to Page 5***

