



**Holy Spirit Parish Religious Education
2018-2019 Application for Educational Scholarship**

(The information given on this form will remain strictly confidential.)

Parent/Guardian _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Of Dependents _____ Total amount you are able to commit towards tuition: \$ _____

Please list all dependent children requiring tuition assistance for Religious Education

	Child's Name	Age	Grade	Tuition total
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Please describe, in detail, your need for this scholarship.

(Please include any updated or supporting information since your tax form was completed.)

Stewardship Credit

Please note that in addition to circumstances listed above, the following criteria will be considered when determining financial assistance.

Do you and your family attend weekly Mass? Yes No

Have you volunteered for a Parish event or project in the last two years? Yes No

Please list events/projects (e.g.: festival, Bingo, RE, Work Weeks, etc.) below:

Do you or any of your immediate family members serve on a Parish committee or in a liturgical ministry role? Yes No

Please list committee/ministry:

Do you participate in the Parish Scrip program? Yes No

Do you actively contribute financially to the parish (tithing)? Yes No

Please list any other community volunteer activities you participate in and how long you have been doing them:

PLEASE ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX FORM *(incomplete applications or failure to supply tax documentation will result in delays and possible non-consideration)*

**Please return this fully completed application, with your tax form, to the parish office by October 1st.
You will be notified of your scholarship status no later than October 20, 2017.**

Declaration Statement:

I declare that the information on this form is, to the best of my knowledge, true, correct, and complete.

Parent/Guardian Signature _____ **Date** _____

For office use only:

Total tuition:	\$ _____
Stewardship Credit:	\$ _____
Scrip Credit:	\$ _____
Credit for early registration:	\$ _____
Amount family will contribute:	\$ _____
Remaining balance due:	\$ _____