



# Our Lady of Victory Roman Catholic Parish

*Established/Named 7 October 1943*

73 North Avenue ♦ Tallmadge, Ohio 44278  
Phone: (330) 633-3637 ♦ Fax: (330) 633-6978

Website – [www.ourladyofvictory.net](http://www.ourladyofvictory.net)

## Application for Parish Financial Assistance and/or the Education Endowment Fund

### Eligibility Guidelines

1. The family must be registered members of Our Lady of Victory Parish.
2. Parents and their children attend Mass on a regular weekly basis. Parents strive to be good stewards by sharing their time, talent and, where possible, their resources with the community.
3. Parish Financial assistance is from Kindergarten through 8<sup>th</sup> grade.  
Endowment scholarships are from 1<sup>st</sup> grade through 12<sup>th</sup> grade.
4. All monies will be paid directly to the school the child attends after July 1<sup>st</sup> which is the beginning of our fiscal year.
5. All questions on the application form must be completed and be accurate. If not completed properly, the application will be discarded.
6. **In addition to the “parish” application for either Parish Financial Assistance and/or Endowment Scholarships, each applicant must also complete a “Tuition Assistance Application” through whatever service the school your child/children are attending utilizes. SPEAK WITH THE SCHOOL PRINCIPAL to obtain this information as well as what the application process is and the deadline for submission. (Example: Most Catholic Elementary Schools are using FACTS to process Tuition Assistance requests.) We will be unable to process applications for assistance/awards at Our Lady of Victory without this important information. In so doing, you may also be considered for Diocesan Tuition Assistance awards, so, this is to your benefit.**
7. A brief letter explaining your reasons for asking for financial assistance is to be submitted and attached to the questionnaire.
8. There shall be a limit of two (2) scholarships per family from the Endowment Trust Fund.
9. A completed application DOES NOT GUARANTEE financial assistance from the parish. Financial assistance will be based on the reasons for the request, the funds available for distribution. The greatest need receives first consideration and the process continues until the available funds are exhausted.
10. All applications must be returned by the posted deadline. Any received after that time, will not be able to be considered.

**THE DEADLINE FOR THIS YEAR IS: Monday, April 2, 2018**



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### FAMILY APPLICATION FOR PARISH FINANCIAL ASSISTANCE AND/OR THE EDUCATION ENDOWMENT FUND

PARENT/GUARDIAN PLEASE TYPE OR PRINT CLEARLY

NAME: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NUMBER OF YEARS A PARISHIONER: \_\_\_\_\_

\*\*\*\*\*

We are applying for **parish financial assistance only**: \_\_\_\_\_  
(Fill out this portion only)

We are applying for **Endowment Trust scholarship only**: \_\_\_\_\_  
(Fill out this portion only)

We are applying for **BOTH** parish financial assistance as well as assistance  
from the Endowment Trust Fund: \_\_\_\_\_ (Fill out both portions)

*Tuition Assistance Application was completed and submitted thru:* \_\_\_\_\_ (Example: PSAS,  
FACTS, etc.)

#### PARISH FINANCIAL ASSISTANCE:

List below all the children for whom you are seeking aid:

Last name if different than family name:	First name	Present age	Grade 2018-2019	School	Tuition 2018-2019
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total Tuition:</b>					_____

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**EDUCATION ENDOWMENT ASSISTANCE: LIMIT 2 ONLY**

<b>Last name if different than family name:</b>	<b>First Name</b>	<b>Present Age</b>	<b>Grade</b> 2018-2019	<b>School</b>	<b>Tuition</b> 2018-2019
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total Tuition:</b>					_____

**CONFIDENTIAL: PLEASE RESPOND TO THE QUESTIONS BELOW:**

1. Amount of monies **from any other sources of income:** 1. \_\_\_\_\_  
(eg. Other scholarships/financial aid from school/other institution (s))
2. Any extenuating circumstances or extraordinary expenses for the past year should be indicated in your letter attached to this application.

*IN SIGNING THIS APPLICATION* I hereby certify that the above answers are true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date