



Holy Spirit Catholic Parish Avon Lake, Ohio

2025/2026 School Year
SCHOLARSHIP REQUEST FORM

I. APPLICANT INFORMATION

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

STREET

CITY

STATE

ZIP CODE

DATE OF BIRTH _____ E-MAIL ADDRESS _____

CELL PHONE _____ WORK PHONE _____

CURRENT YEAR OF STUDY _____

FINANCIAL ASSISTANCE REQUEST FOR: NAME AND ADDRESS OF EDUCATIONAL PROGRAM, SCHOOL, or COLLEGE

School Name _____

School Address _____

Tuition per Year.: _____ Room & Board per Year: _____

Student ID # _____ or SS # _____

Explain the type of educational program you are requesting assistance for:

Other funds being received for tuition assistance? ____ Yes ____ No

Grants	\$ _____	From where	_____	_____
			Name	Address
Grandparents	\$ _____	From where	_____	_____
			Name	Address
Scholarships	\$ _____	From where	_____	_____
			Name	Address
Other Awards	\$ _____	From where	_____	_____
			Name	Address
Total	\$ _____	(from all sources)		

ATTACH A COPY OF APPLICANT'S TAX RETURN

APPLICANT'S ANNUAL INCOME: Less than \$20,000 _____
(PLUS SPOUSE IF APPLICABLE) \$20,000 - \$40,000 _____
\$40,000 - \$60,000 _____
\$60,000 + _____

APPLICANT'S EMPLOYER:

Name _____

Address _____

APPLICANT'S SIGNATURE _____ DATE _____

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(REQUIRED IF APPLICANT IS CLAIMED AS A DEPENDENT ON PARENT'S OR GUARDIAN'S TAX RETURN OR IS LESS THAN 18 YEARS OLD.)

CELL PHONE _____ **WORK PHONE** _____

ADJUSTED GROSS INCOME OF PARENTS OR GUARDIANS:

I HEREBY CERTIFY THAT THE INFORMATION I HAVE SUBMITTED IS CORRECT. I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE MEMBERS OF THE SCHOLARSHIP APPLICATION COMMITTEE OF HOLY SPIRIT PARISH.

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Avon Lake, Ohio**

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PLEASE WRITE AN ESSAY (ON A SEPARATE SHEET OF PAPER) ON THE ROLE THAT FAITH PLAYS IN YOUR LIFE, YOUR ACADEMIC AND CAREER GOALS, AND HOW THESE COME TOGETHER.

(IMPORTANT POINTS TO INCLUDE: YOUR PARTICIPATION IN SUNDAY MASS; YOUR PRAYER LIFE; YOUR PARISH AND VOLUNTEER ACTIVITIES; HOW YOUR FAITH IMPACTS YOUR DAILY LIFE; HOW YOU SEE YOUR FAITH AND ACADEMIC GOALS INTERACTING WITH EACH OTHER.)

- **Please type or print all information. Complete all items on this form; attach a copy of both the applicant's and the parent's/guardian's current 1040 form and the essay.**
- **Please ensure proper address for financial aid/bursar's office.**
- **Return completed packet to Holy Spirit Parish office in a sealed envelope marked to the attention of the Scholarship Application Committee.**

COMPLETED PACKET CHECKLIST

- 1.) A COPY OF APPLICANT'S 1040 FORM**
- 2.) A COPY OF APPLICANT'S PARENT'S/GUARDIAN'S 1040 FORM (IF APPLICABLE)**
- 3.) ESSAY**
- 4.) COMPLETED AND SIGNED APPLICATION FORMS**

THE SCHOLARSHIP APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL THE REQUIRED INFORMATION.

***If you have any questions, please contact Susie Graehling:
susie.graehling@gmail.com***