

St. Joseph Catholic Church

2025-2026 Payment Plan/ Scholarship Application

Child's Full Name (Last Name, First Name & Middle Name)
1
2
3
4

Total Registration Fees
\$ _____
Amount I am able to Pay Today
\$ _____

In order for us to be good stewards of parish funds we are requesting the following information. This Request will be submitted to our Scholarship Committee. All information will be kept confidential.

- I am registered as a parishioner at St. Joseph Parish - Yes ☐ No ☐ If yes how long? _____
- We make regular financial contributions Yes ☐ Envelope # _____ No ☐
- We actively volunteer in the following ministries in the parish: _____

- Reason for scholarship or payment plan request: _____

- If granted a Payment Plan/Scholarship, would you commit to helping the Religious Education Dept. with your time (i.e. Fundraising, Office Assistance, etc.)?

Father's Printed Name _____ Father's Signature _____ Date _____

Mother's Printed Name _____ Mother's Signature _____ Date _____