



## St. Mary's Catholic School - Stacy Meyer Scholarship Fund Application

Applicant's Name:		Phone #:	
Address:			
Children's Names:		Grades/Ages:	
Total # of persons in household:		ree/reduced lunch (circle one):	/es No
APPLICANT IN	ICOME INFORMATION (cor	nplete for tuition assistance o	nly)
Father's Employer	Position	Hourly Wage/Yearly Salary	How Long?
Mother's Employer	Position	Hourly Wage/Yearly Salary	How Long?
Income Verification: Please	provide a copy of the most re	ecent year's tax return and most	recent pay stubs.
APPLICANT EX	(PENSE INFORMATION (coi	mplete for tuition assistance of	only)
	Original Amount	Present Balance	Monthly Payment
Mortgage/Rent			
Other Major Expenses (list):			
Other Special Circumstances/Expen	ses (attach additional sheet i	f necessary):	
Amount of Assistance Requested: \$_	Amount fa	mily can commit to paying each m	nonth: \$
**The St. Mary's Catholic School Sc	holarship Fund requires all fa	milies who receive financial assis	tance to participate fully
in working at all school fundrais	sing events. Not participating	in these events will lead to loss	of the scholarship.**
Applicant's Signature	cant's Signature Date:		
Office Use Only:		ate Notified: Amount	