

**REV. BLAISE J. PETERS, O. PRAEM.,  
SCHOLARSHIP FUND**



**APPLICATION FOR FINANCIAL ASSISTANCE  
STUDENTS OF OUR LADY OF LOURDES PARISH IN GRADES EARLY CHILDHOOD - 8  
2024-2025 SCHOOL YEAR**

**STUDENTS:**

LAST NAME	FIRST NAME	Birth date	Age	Grade 2024-2025 (3K or 4K, # of Days, Half or Full Days)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**FAMILY:**

HEAD OF HOUSEHOLD: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

( ) FATHER ( ) MOTHER ( ) STEPFATHER ( ) STEPMOTHER ( ) LEGAL GUARDIAN

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ANNUAL GROSS INCOME \$ \_\_\_\_\_ CHILD SUPPORT INCOME/Yr \$ \_\_\_\_\_

SPOUSE/OTHER: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

( ) FATHER ( ) MOTHER ( ) STEPFATHER ( ) STEPMOTHER ( ) LEGAL GUARDIAN

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ANNUAL GROSS INCOME \$ \_\_\_\_\_ CHILD SUPPORT INCOME/Yr \$ \_\_\_\_\_

ANNUAL GROSS HOUSEHOLD INCOME INCLUDING CHILD SUPPORT OR ANY OTHER INCOME \$ \_\_\_\_\_

NAMES & AGES OF CHILDREN LIVING ON THIS INCOME \_\_\_\_\_

HOW MANY FAMILY MEMBERS IN COLLEGE \_\_\_\_\_

LENGTH OF TIME AS PARISH MEMBERS OF OUR LADY OF LOURDES PARISH \_\_\_\_\_

PLEASE STATE THE AMOUNT OF TUITION ASSISTANCE YOU ARE REQUESTING: \_\_\_\_\_

