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			 ME	
() FATHER () MOTHER	() STEPFATHER () STEPM	IOTHER () LEGAL GL	JARDIAN	
ADDRESS	CITY		PHONE	
EMPLOYER		— OCCUPATION		
ANNUAL GROSS INCOME \$		CHILD SUPPORT INCO	ME/Yr\$	
SPOUSE/OTHER: LAST NAME		FIRST NAME		
() FATHER () MOTHER (() STEPFATHER () STEPM	OTHER () LEGAL GL	JARDIAN	
ADDRESS	CITY _		PHONE	
EMPLOYER		OCCUPATION		
ANNUAL GROSS INCOME \$		CHILD SUPPORT INCOM	E/Yr \$	
ANNUAL GROSS HOUSEHOLD INCOME	E INCLUDING CHILD SUPPORT	OR ANY OTHER INCOM	IE \$	
NAMES & AGES OF CHILDREN LIVING	ON THIS INCOME			
HOW MANY FAMILY MEMBERS IN COI	LLEGE			
LENGTH OF TIME AS PARISH MEMBER	RS OF OUR LADY OF LOURDES	PARISH		
PLEASE STATE THE AMOUNT OF TUITION	ON ASSISTANCE YOU ARE REC	QUESTING:		

PLEASE STATE SPECIAL CIRCUMSTANCES OR REASONS WHY THE FAMILY IS UNABLE TO PAY FULL TUITION, I.E. MEDICAL							
BILLS	, LONG TERM ILLNESS, OR HARDSHIP IN THE FAM	LY		_			
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	SIGNATURE OF PREPARER		DATE				

WE WOULD APPRECIATE AT A LATER DATE YOUR SUPPORT OF OUR SCHOLARSHIP FUND IN WHATEVER WAY POSSIBLE.

IF APPLICATION IS APPROVED, VERIFICATION OF INFORMATION WILL BE NECESSARY.

FORMS WITH INCOMPLETE FIELDS WILL NOT BE CONSIDERED FOR ASSISTANCE

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL OFFICE BY FRIDAY, FEBRUARY 16, 2024 IN A SEALED ENVELOPE MARKED "CONFIDENTIAL, BLAISE J. PETERS SCHOLARSHIP FUND APPLICATION."