

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



**APPLICATION FOR FINANCIAL ASSISTANCE
STUDENTS OF OUR LADY OF LOURDES PARISH IN GRADES EARLY CHILDHOOD - 8
2026-2027 SCHOOL YEAR**

STUDENTS:

LAST NAME	FIRST NAME	Birth date	Age	Grade 2026-2027 (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: _____

