



Confidential
St. James School Scholarship
Application



APPLICATION DEADLINE FOR RETURNING STUDENTS IS: JUNE 1, 2017

Date of Application _____

Name of Student _____ Grade _____ Age _____

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Has student made First Holy Communion? No Yes, when _____

What is your total school tuition owed for all students at St. James \$_____

Scholarship amount needed **per student** (be specific) \$_____ (School & STO Awards)

What is total annual household income? \$_____ (gross amt)

Why are you motivated to keep your child in Catholic school?

Why does student need this scholarship? (Use separate sheet if more space is needed)

What other scholarships, STO grants, JWV tuition credits or staff discounts are you planning to receive and the amount?

To what parish/church does the family belong? Name _____

Do you attend Mass/Services where you belong on a regular basis? Yes No

Parent Information:

Mother's Name _____
Mother's Faith _____
Address _____
City _____
State _____ Zip _____
Phone _____
Job Title _____
Employer _____
Email _____

Father's Name _____
Father's Faith _____
Address _____
City _____
State _____ Zip _____
Phone _____
Job Title _____
Employer _____
Email _____

UNUSUAL CIRCUMSTANCES: Check all that apply and explain below or on separate sheet:

- Loss of job
- Recent Separation/Divorce
- Change in family living status
- Change in work status
- College expenses
- Illness or injury
- Death in the family
- Bankruptcy
- Income reduction
- Shared custody
- Medical/Dental expenses
- High debt
- Child support expenses
- Other

Explanation: _____

COMMUNITY SERVICE:

Would you/your child be willing to provide service to St. James Parish (School/Church) in exchange for financial assistance? ____ Yes ____ No

If not, why not? _____

Areas in which you have provided service: _____

Would you be willing to be the chairperson or committee head for a St. James event in exchange for financial assistance? ____ Yes ____ No

If not, why not? _____

Recent events where you have acted as chairperson/or provided support:

Parent Signature

Date

Your application is confidential and information is not shared with any party outside the St. James Scholarship Committee.

PLEASE KEEP COPY OF APPLICATION FOR YOUR RECORDS

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Kindly Complete and Return to:	St. James School 602 W. 2 nd Street Washington, IA 52353 319-653-4504 mmarek@stjameswashington.org
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For Office Use Only

Application Received on _____

Scholarship Requested \$ _____ Amount Awarded \$ _____

Declined /Reason _____

Scholarship Applied to Tuition Account on: _____

Letter Sent to Parent/Guardian on: _____