

ST. VINCENT DE PAUL GUARDIAN ANGEL SCHOLARSHIP

The purpose of the Guardian Angel Fund is to provide financial assistance for tuition to students enrolled at St. Vincent de Paul School whose families are experiencing financial difficulties and hardship. A request for funds must be submitted on the form below.

The completed form is to be returned to St. Vincent de Paul Church by May 15th prior to the upcoming school year. Forms submitted after May 30th will still be considered as long as funds are available for the upcoming school year.

St. Vincent de Paul School
Guardian Angel Scholarship
Parent's Confidential Request

Parent/Guardian _____ Date _____

Address _____ Phone # _____

Parish Affiliation _____

Are you an active and tithing member of your parish? _____

Names and grade of student's

Parent's Status: Married ___ Divorced ___ Separated ___ Widowed ___

Student(s) live with _____

Who is responsible for the student 'support? _____

Is your family eligible for ADC, unemployment benefits or social security benefits? Yes No

Were you eligible for free and reduced lunches last year? Yes No

Will you apply for free and reduced lunches this year? Yes No

Father's Name _____ Occupation _____

Employer _____ Gross Annual Salary _____

Mother's Name _____ Occupation _____

Employer _____ Gross Annual Salary _____

Msgr. Tucker may call you for an appointment to discuss the application.

List and explain any uninsured medical expenses or extraordinary expenses:

Please list all dependent children not attending St. Vincent de Paul School.

Name

Grade

Present School

Please list any areas in which you volunteer services at St. Vincent de Paul Parish or School.

We hereby state that all information is, to the best of our knowledge, true and accurate.

Signature_____

Date_____

Please return to Msgr Tucker in a sealed envelope.