

St. Michael Catholic School - Weimar

103 E. NORTH STREET, WEIMAR, TEXAS 78962
PHONE: (979)725-8461 FAX: (979)725-8344

Confidential Information for Scholarship Application/Tuition Assistance

It is important that you provide accurate and complete information. Your application will be considered only if all required (*) questions have been answered. **A photocopy of your most recent, original signed, Federal Income Tax Form 1040 complete with all schedules is requested.**

*Applicant: _____ *Date: _____

*Address: _____

*Phone: _____ *Cell: _____ *Email: _____

*Student Family Members Living in Household: *Age --- Date of Birth --- Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Father's Full Name: _____

*Father's Address: _____
(If different from student or mother) Street City Zip

*Phone: *Work _____ *Home _____ *Cell _____

Deceased _____ Separated _____ Divorced _____

*Mother's Full Name: _____

*Mother's Address: _____
(If different from student or father) Street City Zip

*Phone: *Work _____ *Home _____ *Cell _____

Deceased _____ Separated _____ Divorced _____

****What party or parties are legally responsible for the payment of the student(s) tuition?**

Both Parents _____ Mother Only _____ Father Only _____

Mother & Stepfather _____ Father & Stepmother _____

Other (Please state relationship) _____

****Copy of legal document must be submitted with application.**

***FATHER/STEPFATHER'S EMPLOYMENT RECORD:**

Are you currently employed? _____ If yes, who is employer? _____

Work Phone _____

If no, who was your employer before you became unemployed? _____

Date last employed _____

***MOTHER/STEPMOTHER'S EMPLOYMENT RECORD:**

Are you currently employed? _____ If yes, who is employer? _____

Work Phone _____

If no, who was your employer before you became unemployed? _____

Date last employed _____

Dependent Children other than the above students:

Age _____ School _____ Age _____ School _____

Age _____ School _____ Age _____ School _____

Are you paying full or partial tuition for any of those listed above? How much are you paying?

Elementary\$ _____ Secondary\$ _____ College\$ _____

***HOW MUCH TUITION ARE YOU ABLE TO PAY?**

This section MUST be completed.

Parent's Total Contribution For the Year \$ _____

Requested Assistance from St. Michael Catholic School + \$ _____

Total Tuition = \$ _____

Registration and fees are not covered by tuition assistance.

***Personal References (not relatives):**

Name Address Phone Numbers

* _____ I would also like to request the Federal Free/Reduced Lunch Program application. (Y/N)

Please explain in writing your reason(s) for applying for scholarship assistance. You may attach an explanation on another sheet of paper if desired:

We have checked for omissions/errors and to the best of our knowledge the information given is complete and correct.

*Father's Signature

* Mother's Signature

*Date