

St. Michael Catholic School - Weimar

103 E. NORTH STREET, WEIMAR, TEXAS 78962
SCHOOL OFFICE: (979)725-8461 CHURCH OFFICE: (979) 725-6714

Confidential: Information for Scholarship Application for 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, signed, Federal Income Tax Form complete with all schedules is required. Additionally, proof of assistance from any government programs (disability, medical, food, etc.) are requested for verification of benefits.**

*Applicant: _____ *Date: _____

*Address: _____

*Phone: _____ *Email: _____

*Family Members Living in Household: _____ *Age/Date of Birth/If student, current grade _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Father's/Guardian's Full Name: _____

*Physical Address: _____
Street City Zip

*Phone: *Work _____ *Cell _____ *Other _____

If Father, are you married _____ divorced _____ or separated _____ from student's mother? (X)

*Mother's Full Name: _____

*Mother's Address: _____
Street City Zip

*Phone: *Work _____ *Cell _____ *Other _____

Are you married _____ divorced _____ or separated _____ from student's father? (X)

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

Both Parents _____ Mother Only _____ Father/Guardian Only _____

Mother & Stepfather _____ Father & Stepmother _____

Other (Please state relationship) _____

****Copy of legal documents regarding custody must be submitted with application.**

***FATHER'S/STEPFATHER'S/GUARDIAN'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 those for whom you are seeking scholarship assistance:

Age _____ School _____ Age _____ School _____

Age _____ School _____ Age _____ School _____

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

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

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

This section MUST be completed.

Based on the 2024-2025 tuition rates (HSA discounted), amount parent/guardian will be able to contribute toward student's (students') annual tuition/capital fees?

\$ _____

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

Total Tuition (=) \$ _____

Are you requesting assistance with registration and fees? \$ _____ Yes (Amount) _____ No

If scholarship is awarded, you are not guaranteed the amount requested or assistance toward registration and fees.

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

Name Address Phone Numbers

*Are you requesting the *Federal Free/Reduced Lunch Program* application? ____ Yes ____ No

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/Guardian's Signature

* Mother's Signature

*Date