

**ST. PAUL CATHOLIC SCHOOL
MACOMB, IL.**

**SCHOLARSHIP APPLICATION
2018-2019**

PLEASE COMPLETE AND RETURN BY APRIL 30, 2018

- (1) **this form**
- (2) **a copy of your 2017 Federal Income Tax Return
(first two pages only)**
- (3) **\$5 processing fee**

Questions? Call 833-2470

WHO SHOULD COMPLETE THE APPLICATION?

The application should be completed and submitted by registered St. Paul Parish families of children attending St. Paul School that are asking for a reduction in the cost of tuition.

IMPORTANT POINTS TO REMEMBER

- ✓ **Type or print neatly using dark ink**
- ✓ **Answer each question fully - you must mark a volunteer duty**
- ✓ **Submit the original copy of this form to the school office no later than April 30, 2018**
- ✓ **Please submit \$5 processing fee with the application**
- ✓ **PLEASE COMPLETE THE PART OF THE APPLICATION THAT ASKS EXACTLY WHAT YOU FEEL YOU CAN PAY FOR TUITION!! MINIMUM \$800 A YEAR!**

LAST NAME _____

SECTION A: PARENT INFORMATION

Please Print Clearly

Parent's Name _____
Last First

Name _____
Last First

Address _____

City/State _____

Phone # _____

How many people will reside at this address during the 2018-2019 school year? No. of parents: _____ No. of children: _____

SECTION B: INFORMATION ABOUT DEPENDENTS

Include all dependents that reside in the family home and rely on the adults in Section A for their primary support.

Please print the full name and age of each child below. Please fill in the tuition you feel you can pay for the 2017-2018 school year for students attending St. Paul School. **

Last Name	First Name	Age		Grade	
					<u>TUITION YOU CAN PAY FOR THE 2018-2019 SCHOOL YEAR ** AMT. WILL BE SPREAD OVER 12 MONTHS-MINIMUM TUITION \$1200 for the year PAYMENT PER MONTH LISTED IN THIS COLUMN</u>
<u>Total tuition for the year\$</u>					_____

Please print clearly.

Please provide a brief description of any significant changes in income, expenses or financial conditions expected during 2018-2019 or any other information that you would like our school to consider when determining scholarship assistance. Attach additional sheets if necessary.

ALL FAMILIES THAT RECEIVE SCHOLARSHIP ASSISTANCE MUST PROVIDE A SERVICE TO ST. PAUL CATHOLIC SCHOOL DURING THE 2018/19 SCHOOL YEAR. Please circle which of the following you would be able to volunteer to do in return for the scholarship assistance – coaching basketball, coaching volleyball, lunchroom supervision, driving band/chorus shuttles at 8:45 a.m., chairperson for fundraiser, library supervision, painting, preschool cleaning, appeal envelopes, morning duty 7:40 – 7:50, holy water at church, basketball/volleyball concessions, Prairie Farms tops, printer ink cartridges, cookie sale, computers, classroom work, altar cloths/robes, Boxtops for Education, room parent, other _____. Each family **MUST** do some volunteer service in return for tuition assistance. The office will contact you about details of service. Father Stimpson and Mrs. Cody will meet with each scholarship applicant to discuss volunteer possibilities.

SECTION D: SIGNATURE

I (We) hereby certify that the information on this form and all attachments is complete and accurate to the best of my (our) knowledge.

Parent Signature Date

Parent Signature Date

Please remember to: answer each question
attach a copy of your 2017 tax return (first two pages only)
include the \$5 processing fee