SCHOLARSHIP APPLICATION
for TUITION ASSISTANCE FOR
THE RELIGIOUS EDUCATION PROGRAM

(Please fill out only if you are financially burdened)

PARENT'S NAME_____
FIRST MIDDLE LAST

CITY_____ ZIP CODE_____

E-MAIL ADDRESS_____

PHONE NUMBER _____ # OF CHILDREN_____

Please list the need you have for this scholarship (How much can you pay?).

How long have you been a member of Saint Mary Parish and how have you been involved in the parish community?

Please help us understand your financial situation and need for this Scholarship.

_____

Signature Date

This form will be given to Nancy Wolowicz, the finance manager of Saint Mary Parish. The business office will contact you.

It is the mission of Saint Mary Parish to provide religious education for your child and family!!!