

**Sacred Heart School  
Guardian Angel Tuition Assistance Scholarship  
2017-2018 School year**

The purpose of the Guardian Angel Scholarship is to provide tuition assistance for families in need who have students enrolled at Falls City Sacred Heart School.

**Please return this completed form to Cathy O'Grady/Sacred Heart School Office by September 15, 2017.** All applications will be reviewed confidentially by the Administration. As soon as a decision is made, the parents will be notified.

Parent's Names: \_\_\_\_\_

Student's Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Student(s) live(s) with \_\_\_\_\_ Who is responsible for student's support \_\_\_\_\_

Is this family eligible for ADC, unemployment benefits or social security benefits? Yes \_\_\_ No \_\_\_

Did your family apply for free/reduced lunches? Yes \_\_\_ No \_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Annual Gross Salary \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Annual Gross Salary \_\_\_\_\_

Do any of your children work? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_

List and explain any uninsured medical expense or other extraordinary expense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

Please list any areas in which you/your family volunteer services at Sacred Heart School and in your parish.

---

---

---

---

Are you Catholic? Yes\_\_\_\_ No\_\_\_\_

Are you an active and tithing member of your parish? Yes\_\_\_\_ No\_\_\_\_

Which parish do you attend?\_\_\_\_\_

If your family is Non-Catholic, which church are you affiliated with?\_\_\_\_\_

Are you an active, practicing and tithing member of this church? Yes\_\_\_\_ No\_\_\_\_

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

Signature\_\_\_\_\_ Date\_\_\_\_\_

FOR OFFICE USE ONLY

Date Received\_\_\_\_\_

Amount Awarded\_\_\_\_\_