

LEBANON CATHOLIC SCHOOL

SCHOLARSHIP APPLICATION 2009-2010 SCHOOL YEAR

The following items must accompany this form for the application to be processed

- Photocopy of the custodial family's 2008 Federal Income Tax Return
- Photocopy of any supporting business tax returns (where applicable)
- Pastor's letter verifying parish membership and attendance (may be mailed separately)
- Please include a \$15 check made payable to "Lebanon Catholic School" for the application. If applying for both the *Sonni Walsh Scholarship and LC Scholarship*, only one \$15.00 application fee is required.

*Return this completed form with ALL accompanying documents to
Lebanon Catholic School by May 15, 2009.*

Custodial Parent(s): _____

Home Address: _____

Home Phone Number: _____ Parish: _____

Please list all children who will be attending either Lebanon Catholic, or St. Joan of Arc in 2009-2010

| Name | Grade In 2009-10 | Birth Date |
|-------|------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE LIST OTHER DEPENDENTS LIVING AT HOME

| Name | Birth date |
|-------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Families seeking financial assistance from Lebanon Catholic School agree to pay at least one-quarter (25%) of the annual tuition at whatever applicable rate. Lebanon Catholic does not, and will not provide 100% tuition assistance for any family.

PLEASE FILL IN ANY INCOME FROM THE FOLLOWING SOURCES:

| | | | |
|-------------------|-------|-----------------|-------|
| Public Assistance | _____ | Social Security | _____ |
| Child Support | _____ | Rent Subsidy | _____ |
| Interest | _____ | Dividends | _____ |
| Alimony | _____ | Heat Subsidy | _____ |
| Rental Income | _____ | Disability | _____ |
| Other Income | _____ | Unemployment | _____ |

Vehicle (s) Owned/Leased

Year _____ Make/Model _____ Year _____ Make/Model _____

PLEASE IDENTIFY PERSONS SUPPORTED ON THE INCOME LISTED ABOVE THAT HAVE NOT BEEN PREVIOUSLY LISTED (e.g., parents who live with you).

Name _____ Age _____ Name _____ Age _____

Monthly Expenses

Mortgage/Rent _____ Utility Payments _____ Medical Expenses _____

Other (please briefly explain) _____

FINANCIAL ASSISTANCE IS REQUESTED BECAUSE (please check appropriate items and briefly explain (attach a separate sheet if necessary))

Medical Expenses _____ Children In College _____ Unemployment _____

Other Reasons (please briefly explain) _____

PARENT'S STATEMENT (this item MUST be filled in)

I/We can make a monthly payment of \$ _____ toward my child's (or children's) education at Lebanon Catholic.

➤ Parent Signature _____ Date _____

➤ Parent Signature _____ Date _____

Please remember to contact your pastor and ask for a letter indicating your parish membership and regular attendance. Your pastor may give this letter to you to enclose with this form, or the letter may be sent directly to Lebanon Catholic School, in care of the Principal's Office. Forms submitted for financial assistance are held in strict confidence, and are not shared with anyone outside the Scholarship Committee.