

St. Francis Xavier School

2024-2025 Scholarship Application

Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per household.
Return completed application to school office. Assistance is based on Federal Income Eligibility Guidelines.

MUST ATTACH FRONT PAGE OF MOST RECENT TAX RETURN.

HOUSEHOLD MEMBERS				TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS				
	List Names of ALL Household Members		School Name (or "NA" if child is not in school)	Grade	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly			
	First Name	Last Name			Earnings from Work		Other Regular Income	
					Amount	Select Frequency	Amount	Select Frequency
1.					W E2 2M Y		W E2 2M M Y	
2.					W E2 2M Y		W E2 2M M Y	
3.					W E2 2M Y		W E2 2M M Y	
4.					W E2 2M Y		W E2 2M M Y	
5.					W E2 2M Y		W E2 2M M Y	
6.					W E2 2M Y		W E2 2M M Y	
7.					W E2 2M Y		W E2 2M M Y	
8.					W E2 2M Y		W E2 2M M Y	

Other Expenses: (Medical, School Loans, Alimony, Etc.)

Amount You are Able to Pay:

SIGNATURE - An adult household member must sign the application box.

Print Name: _____ Daytime Phone: _____ Evening Phone: _____

Address, City, State, Zip: _____ Email: _____

I certify (promise) that all information on this application is true and that all income is reported.

Sign Here X _____ Date: _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

Application Type (check one)
Total Household Income: \$ _____ Household Size: _____
Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly

Application Status
Approved Amount: _____
Denied Income over allowed amount Incomplete/missing:
Notes: _____

Determining Official's Signature:

Approval/Denial Date:

Notification Date: