

**St. Francis Xavier Parish School**

**2026-2027 School Year Scholarship-Financial Assistance Application**

**Important.** Please follow instructions. An incomplete application cannot be approved. Complete one application per household. Return completed application to school office. If any area is not applicable, please compete with N/A. Assistance is based on Federal Income Eligibility Guidance.

Parent / Guardian Name(s)

\_\_\_\_\_

\_\_\_\_\_

Relationship

Relationship

Address:

\_\_\_\_\_

Student Name(s) (will be attending St X)

Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Others Living in Household

In School Y/N

Where

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

The amount household is able to pay: \_\_\_\_\_

Reason for the need for financial assistance through scholarship:

\_\_\_\_\_

\_\_\_\_\_

Household Income:

Earnings From Work/Pension

Name	Annual Income	Pay received (Weekly/every 2 weeks/Bi-monthly/Monthly)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Income:	Annual Amount	Income Received
Outside assistance	_____	_____
Alimony/Child-support	_____	_____
Other	_____	_____

Expenses:	Amount	Term (Wkly-Monthly-Qrtly-Annually)
House Pmt / Rent	_____	_____
Vehicle Payments (total)	_____	_____
Credit Card Payments (total)	_____	_____
Other (Boat/RV/Etc.)	_____	_____
Student Loans	_____	_____
Medical	_____	_____
Alimony/Child Support	_____	_____
Daycare	_____	_____
Any other expense to consider:	_____	_____

Review of all financial information will be limited to those needed to make scholarship decisions.

I certify that all information on this application is true and correct, and all income is reflected.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_