



St. Columbkille School Sponsor-A-Scholar Application

Applicant Information:

Student's First Name: _____ Last Name: _____

Home Address: _____ City: _____ Zip Code: _____

Phone: (_____) _____ - _____ Cellualr: (_____) _____ - _____

Date of Birth: ____/____/____ Sex: Male Female Current grade: _____

Ethnic background (*Optional*): () Native American () Asian () African American () Hispanic/Latino () Pacific Islander () Caucasian-White/Other () Decline to state

Religion: () Catholic () Other Christian () Non-Christian () None () Other _____

Family Information:

Total Number of persons in Household: _____ [*Number of children in the home:* _____

Number of Adults (18+) in the home: _____]

Applicant lives with: (Check all that apply): () Mother () Father () Grandparent(s) () Step-Parent () Guardian () Foster Care

Parent/Guardian 1 Name: _____

Employer of parent/guardian 1: _____ Occupation: _____

Monthly Salary: \$ _____

Parent/Guardian 2 Name: _____

Employer of parent/guardian 2: _____ Occupation: _____

Monthly Salary: \$ _____

Financial Information:

Does the parent/guardian of the applicant receive alimony? () **YES** () **NO** If yes, how much monthly? \$ _____

Does the parent/guardian of the applicant receive child support? () **YES** () **NO** If yes, how much monthly? \$ _____

Does anyone in your household receive AFDC, Social Security, Unemployment and/or Disability? () **YES** () **NO**

If yes, who: _____ (**Check all that apply**) () AFDC () Social Security () Unemployment () Disability

How much monthly? \$ _____

Did the family have any major expenses last year? () **YES** () **NO** If yes, what: _____ Amount: \$ _____

Do you own your own home? () **YES** () **NO** If yes, monthly mortgage payment: \$ _____

Do you own any other property ? () **YES** () **NO** If yes, how many units/houses? _____ Monthly property income: \$ _____

Monthly mortgage payment: \$ _____ Property Expenses \$ (explain:) _____

Do you rent your home/apartment? () **YES** () **NO** If yes, monthly rent payment: \$ _____

Do you rent a room from parent(s) or extended family member(s)? () **YES** () **NO** If yes, monthly household contribution or rent payment: \$ _____

Make/model & year of all cars in the household: _____

Total monthly car payments: \$ _____

Household annual income: \$ _____

ADDITIONAL household annual income not reported to IRS: \$ _____

Special Circumstances: (If more space is needed, please attach a written statement)

Do you have any unusual or special circumstances, which might require special consideration in evaluating this application () **YES** () **NO**, if yes what?

Your signature below indicates that the information provided on this application is accurate and complete, that you have provided legal proof of income, that you are aware that all information will be verified and any false information on this document, missing signatures or refusal to provide any proof of income or any pertinent information will be cause for automatic denial of any tuition assistance from the school. Signing means that you understand that if the scholarship is awarded your family responsibility will be to do extra service hours and write a thank you letter three times a year to your sponsor.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

*This is not a guarantee of scholarship but an application for consideration.

School Office Use Only: Verification of Financial Information:

Total Annual household income \$ _____ **(please do not indicate zero)**

(This figure should be a total of the **net salary income** plus all listed income from first page of application.)

Please check all the financial documents used to verify family income:

Completed Income Tax Returns year: _____ W-2 Form year: _____ plus Completed Income Tax Returns year: _____

AFDC/Public Assistance Social Security Disability Unemployment Benefits

SSI Death Benefits of Spouse or Parent(s)

Other(s): (list & explain) _____

Pastor/Principal Signature:

Date Application Received: _____

Date of Data Entry: _____

Clerk Signature: _____

Application Status

Awarded: **Denied:** **Wait List:**

Amount awarded: \$ _____ **Sponsor:** _____

Reason for Denial: _____