



**Financial Aid Application for the Support a Student Scholarship
2024-25 SY**

All information contained in this application, as well as any other financial aid awarded, will be kept strictly confidential. Please return this application, along with a copy of your 2023; 1040 tax return or a recent pay stub to verify income, to the school office. This scholarship is based on financial or family need (i.e. illness, loss of job, death, or life event)

Name of Mother: _____

Address: _____

Main Contact phone number: _____ Employer _____

Total Number of People in Household: _____

Name of Father: _____

Address: _____

Main contact phone number: _____ Employer _____

Total Number of People in Household: _____

EMAIL ADDRESS: _____

Please circle the correct response

Which Parent is responsible for paying the full tuition balance? MOTHER FATHER BOTH
Who claims this child as a dependent on their taxes? MOTHER FATHER SOMEONE ELSE

Please list the names of the students and grade for which you are applying for financial aid.

Please answer the following questions. You may use the back for more space, if needed.

Why are you interested in having your child (ren) attend Our Lady of the Lake Catholic School?

Please provide any other information you think would help with our decision:

Parent Signatures _____ Date _____