

Financial Need Scholarship Request Form

2025-2026 School Year

School Name:			
Parent/Guardian Name(s):			
Parish Name:			
Student Name & Grade			
1		4	
2		5	
3			
Total Tuition for 2025-2026 Schoo Year	\$		Total for all students.
Scholarship Request Amount (\$1,000 for first child, \$750 for second child, \$500 for three or more children):	\$		
Was a School Choice Application Submitted? (attach a copy of ineligibility)			

Please describe any special circumstances that prevent you from being able to pay the tuition. Please also detail how you are involved in your parish and/or school.