

RELIGIOUS EDUCATION SCHOLARSHIP FORM

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Address: _____

Home Phone No: _____ Cell Ph No.: _____

No. of children enrolling in Religious Education classes: _____

Amount you are able to contribute? _____

If unable to contribute, would you be available to volunteer for special projects or an occasional hall monitor as needed? _____

Day/Time Available : _____

Brief explanation of hardship:

Name of Child: _____

Grade: _____

Name of Child: _____

Grade: _____

Name of Child: _____

Grade: _____

Name of Child: _____

Grade: _____

Name of Child: _____

Grade: _____

Name of Child: _____

Grade: _____

For Office Use only:

Amount Awarded: _____
