

*St. Francis in the Fields*  
**Memorial Scholarship Fund**  
Application for Financial Assistance

1. Student's name: \_\_\_\_\_  
Last Name First Name Middle Name

2. Student's permanent mailing address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

3. Student's permanent telephone number: ( ) \_\_\_\_\_  
and email address: \_\_\_\_\_

4. Student's social security number: \_\_\_\_\_ 5. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Student is:  unmarried  married  separated

7. Student's year in school for which grant is requested:  grammar school  
 high school  
 seminary  
 college  
 other \_\_\_\_\_

8. Field of study and years required to complete: \_\_\_\_\_

9. Institution to which student is applying: \_\_\_\_\_

Address where check is to be sent: \_\_\_\_\_

10. If student has other school applications pending, please list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Did parents claim student as an income tax exemption during the preceding tax year?  yes  no  
During the current tax year?  yes  no

**If you answered "yes" to question 11, complete questions 12-14.**

**If you answered "no" to question 11, skip to questions 15-18.**

**Then continue with question 19.**

12. Parents' current marital status is:  single  divorced  widowed  
 married  separated

13. Student lives with:  both parents  mother  father  
If not living with parent(s), please explain: \_\_\_\_\_  
other dependents living at home:  brothers: how many? \_\_\_\_ ages \_\_\_\_\_  
 sisters: how many? \_\_\_\_ ages \_\_\_\_\_  
Total educational expenses paid for other dependents: \$ \_\_\_\_\_

14. Father's occupation: \_\_\_\_\_  
 Where employed: \_\_\_\_\_  
 Mother's occupation: \_\_\_\_\_  
 Where employed: \_\_\_\_\_

Parents' total gross income per year: \$ \_\_\_\_\_

15. Total members in Student's household (include student, student's spouse/dependent children): \_\_\_\_\_

16. Total education expenditures for Student's family members per year: \$ \_\_\_\_\_

17. Student has:  full-time job  
 part-time job  
 plans to seek employment during the coming year

18. Total gross income of Student's family per year: \$ \_\_\_\_\_

19. Is Student eligible or has Student applied for the following:

	applied for		eligible		amount granted per month	number of months
	yes	no	yes	no		
Social Security benefits	___	___	___	___	\$ _____	_____
Veteran's benefits	___	___	___	___	\$ _____	_____
Student grants/loans	___	___	___	___	\$ _____	_____
Student work study	___	___	___	___	\$ _____	_____
Other Diocesan scholarships (Brennan Fund, etc.)	___	___	___	___	\$ _____	_____
Other scholarships	___	___	___	___	\$ _____	_____

20. Expenses for school year \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_:

Tuition	\$ _____
Books/Fees	\$ _____
Room/Board	\$ _____
Transportation	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

21. How will Student meet all expenses shown in TOTAL of questions 20?:

Parents' contribution	\$ _____
Student's contribution of earnings and/or savings	\$ _____
Gifts from other family members, friends	\$ _____
Government benefits (identify) _____	\$ _____
Scholarships (excluding St. Francis)	\$ _____
Other (identify) _____	\$ _____
Other (identify) _____	\$ _____

22. Difference in TOTALS from questions 20 and 21: \$ \_\_\_\_\_

23. Amount requested from Scholarship Fund \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ \$ \_\_\_\_\_



# Certification

All information on this application is true and complete to the best of my/our knowledge.

Signed:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Student's Mother

\_\_\_\_\_  
Student's Father

Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return this application to:    Memorial Scholarship Fund  
   St. Francis in the Fields  
   P.O. Box 225  
   Harrods Creek, KY 40027

This application must be received at the above address by:    **May 15**