

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	\$ _____
TOTAL	\$ _____

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

or email to: Tim Root - tim.root@LNFCU.com

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