



CHOICE SCHOLARSHIP STUDENT APPLICATION FORM 2021-2022

NOTE: Please complete a separate application for each child. The application must be accompanied by Income Documentation (2020 Federal Tax Forms with Adjusted Gross Income & Dependents) and the Parent Agreement Form.

STUDENT INFORMATION			
STUDENT FIRST NAME		STUDENT LAST NAME	
NAME OF LAST SCHOOL ATTENDED (2020-21)		GRADE LEVEL ENTERING (2021-22) St. Philip reserves the right to determine	

PARENT INFORMATION			
PARENT(S) NAME(S)			STUDENT PRIMARILY RESIDES WITH: <input type="checkbox"/> MOM <input type="checkbox"/> DAD <input type="checkbox"/> BOTH
MOM			
DAD			

STREET ADDRESS (WHERE STUDENT RESIDES)		
CITY	STATE	ZIP

PARENT(S) PHONE		PARENT(S) EMAIL	
MOM			
DAD			

PLEASE SELECT ONE CHOICE BELOW:	
<input type="checkbox"/> Active parishioner of a supporting parish. Which parish? _____	
<input type="checkbox"/> Parishioner of a non-supporting parish or member of other faith community.	

ELIGIBILITY	
Please initial next to each statement indicating that you understand & meet the requirements to qualify.	

_____ My child qualifies with the Income Guidelines

_____ As the child's parent/guardian, I pledge to keep current on tuition & fee payments to the school should there be a remaining financial obligation.

_____ I have attached 2020 Federal Income Tax information
**** (Include dependents and adjusted gross income)**

_____ My child resides in the State of Indiana

_____ I have signed & attached the Parent Agreement Form