

# JOPLIN AREA CATHOLIC SCHOOLS Scholarship Application – CONFIDENTIAL

We understand that hard times often get in the way of making ends meet. Therefore, we offer aid to families in need of financial assistance. We have limited funds available, but all applications are considered. Return the completed application, **ALONG WITH A LETTER PROVIDING DETAILS AS TO WHY YOU ARE APPLYING FOR A SCHOLARSHIP**, to the development office at McAuley High School by June 1 for the upcoming year. Application may be made during the year if special circumstances arise.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Applicant's Employment \_\_\_\_\_ Spouse's Employment \_\_\_\_\_

Applicant's gross monthly income \$ \_\_\_\_\_ Spouse's gross monthly income \$ \_\_\_\_\_

**\*\*Please answer the following questions regarding your application so we may fully understand your request:**

1. If you are married, and your spouse is not employed, what is the reason he/she is not employed? \_\_\_\_\_  
\_\_\_\_\_
2. If you are not currently employed, please state the reason \_\_\_\_\_  
\_\_\_\_\_
3. What special circumstances have arisen in the past few months that have caused you financial hardship? \_\_\_\_\_  
\_\_\_\_\_

What type of scholarship are you applying for?

Education Fees \_\_\_\_\_ Tuition \_\_\_\_\_ Pre-School/Pre-K \_\_\_\_\_

Please list the names of all children included in your scholarship request:

| Name | Grade Level | Relationship |
|------|-------------|--------------|
|      |             |              |
|      |             |              |
|      |             |              |

Are you a current member of a Joplin/Webb City Parish?  Yes  No

If so which parish?  St. Mary's-Joplin  St. Peter's-Joplin  Sacred Heart-Webb City

Do you attend church regularly? \_\_\_yes \_\_\_no

The information that I have provided on this form is correct and I agree to provide additional documentation to verify financial need if required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only:** Scholarship approved/comments

Yes/No \_\_\_\_\_

Date notification made \_\_\_\_\_ by \_\_\_\_\_

**Please return completed application to JACS development office at McAuley Catholic High School, 930 S. Byers, Joplin, MO 64801 by June 1. Please call 417-624-5003 if you have questions. All applicants will be notified by mail by June 30.**