

SS. PETER & PAUL SCHOOL

116 Beecher Ave.
Waterbury, CT. 06705
203-755-0881
www.ssppwtby.com

SCHOLARSHIP APPLICATION

****All applications need to be returned by February 17, 2017****

Applications will not be considered if required financial documentation is not received on time.

Student name: _____

Address: _____ City _____ Zip _____

Student's date of birth ____/____/____ Place of birth _____

Present grade _____ New student _____ Returing student _____

Transfer student this year? _____ Returning student _____

Parent(s) name: _____

Address _____ City _____ Zip _____

****to be considered for tuition assistance this two page form MUST be completed, signed by parent/guardian, and attached with a copy of you COMPLETE income tax form from 2015 or 2016 (IRS form 1040, 1040A, or 1040EZ) 2016 W-2 forms are required.*

_____ Student is Catholic and a member of _____ Parish Envelope number _____

_____ Student in non-Catholic, Denomination _____ Church: _____

Does the family have another child/children in a Catholic School _____ yes _____ no _____

If yes, how many? And in which schools _____

Is the family receiving any other tuition assistance for education? _____ yes _____ no

Amount received for 2013-2014 _____ amount received for 2015-2016 _____ other source? _____

Statement of Parent Financial Need (Please include any special circumstances and/or financial hardships ie: dependent parents, medical hardships, financial hardships, etc.

Reception of this grant is contingent on your **ACTIVE participation in the school community. Please list your involvement or intent to be involved in our educational, social, and fundraising activities:

Household income \$ _____ (adjusted gross income for 2015 or 2016 IRS form 1040, 1040A or 1040EZ plus 2016 W-2 forms must be attached)

___ Two parent household ___ Single parent household. Number of dependent children in household ___

Does the family receive Public Assistance? YES ___ Amount _____ No _____

Does child support come from any other source? YES ___ Amount _____ No _____

Your signature below indicates that the information contained herein is accurate and complete to the best of your knowledge and that you have provided, or will provide, proof of income. All information on this application is subject to verification and any false or misleading information may be cause for denial of assistance now or at anytime throughout the school year and is subject to repayment in full for any and all years in which the misleading information may apply. Failure of any and all parties legally required to support the student(s) on this, or any application with the school, including payment contracts is cause of automatic denial and/or withholding of assistance and precludes any applications for financial aid in future years.

Parent signature: _____

Date: _____

Parent signature: _____

Date: _____

This section for school use only.

Principal's recommendation: _____

Principal's signature: _____ Amount of Scholarship awarded _____

Pastor's signature _____