## **Catholic Education Scholarship**



## 2025-2026 Application

Date of Application				
Name of Student		G	rade in Fall	Age
Address				
City	_ State		_ Zip	
Phone				
Has student made First Holy Commun	iion?		☐ Yes, when	
Has student received Confirmation?			☐ Yes, when	
Name of School AttendingAddress				_
City	State			
Phone				
Contact Person				
What is annual school tuition? \$		<b>–</b> per	year □ per semes	ter
Student's Current School (if same as abo				
Address			7:	
City Phone			_	
Why are you motivated to attend a Ca				
Why do you need this scholarship? (If	a younger s	tudent, pa	rents may complet	e)

Student honors, awards, extracurricular activities. (If a younger student, parents may complete)					
Student involvement at All Saints Parish. (If a younger	r student, parents may complete)				
Do you attend Mass on Sundays and Holy days of O					
Are you a registered parishioner at All Saints Parish	h?				
Father's Name Father's Faith	Mother's Name Mother's Faith				
Address					
City State Home Phone	Zıp				
Email	Email				
Are parents paying tuition for other children? If yes, for how many children What a	No Yes are their age/s				
COMMUNI	ITY SERVICE				
All Scholarship recipients or parents are req	uired to perform annual service for the Parish.				
• • • • • • • • • • • • • • • • • • •	ol for benefit of the student to be used for tuition. o the Parish Office 25743 St Rte 1, Guilford, IN 47022				
Your application is confidential and information i	s not shared with any party outside All Saints Parish.				
PLEASE KEEP COPY OF APPI	LICATION FOR YOUR RECORDS				
For Office	ce Use Only				
Application Received on Amount Awarded \$ Check sent to recipient school on					
Letter sent to parent/guardian on	4/2025				
	7/2023				