# ST. JOSEPH PARISH SCHOOL SCHOLARSHIP SY2024 - 2025



# St. Joseph Parish School Tuition Assistance Application

# ONE APPLICATION PER FAMILY

## TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

- Complete 2023 Federal Income Tax Return Form 1040, 1040A, 1040EZ
- Written statement about current financial situation and how this scholarship will help your family
- Acceptance/denial letter from Augustine Educational Foundation
- Completed application and supporting documents may be emailed to: <a href="mailto:financialaid@stjosephwaipahu.org">financialaid@stjosephwaipahu.org</a>

Parents(s) of student(s) who apply for the SJPS Scholarship must submit a completed application and supporting documents to the school office by **May 15**, **2024**.

Name of Student	Grade in SY2024-2025	Applying for scholarship funds (check if yes)	

#### **PURPOSE:**

To provide financial assistance to students in need in order to receive a quality Catholic education

#### **SCHOLARSHIP FUND AWARD:**

Amount of award will be based on the strength of its donors

## **RECIPIENTS:**

Any student enrolled at St. Joseph Parish School, must be in good academic standing, demonstrate financial need.

### LENGTH OF SCHOLARSHIP:

One school year- applicants must apply each year, award amounts may differ year to year

### **SCHOLARSHIP COMMITTEE:**

Recommendations will be presented to Ms. Beverly Sandobal, Principal, and Pastor from St. Joseph Church for final approval.

Α	PARENT, GUARDIAN o	or OTHER ADULT (RESPONSI	BLE FOR	TUITION)		B PARENT, GUARD	IAN or O	THER A	ADULT (	RESPONSIBLE FOR	TUITION)
Circle one: Father Mother Stepfather Stepmother Legal Guardian			Circle one: Father Mother Stepfather Stepmother Legal Guardian								
LAST NAME:			LAST NAME:								
First Name: M.I.:			First Name: M.I.:								
Ad	dress:					Address:					
Cit	y:	Zip: _			City: Zip:						
En	nail:				Email:						
Best Contact #: □ cell □ work□ home			Best Contact #: □ cell □work□ home								
Employer:			Employer:								
Tit	Title/Rank:Yrs. Employed:		Title/Rank:Yrs. Employed:								
	DEPENDENTS (DO N	IOT LEAVE BLANK)									
	ease list all dependent chi	ldren in order of oldest to	younge	est, including co	llege st	udents. Indicate each dep	endent's	relatio	nship to	Parent/Guard	ian A: Child,
fo	ster child, grandchild etc.										
	Dependent Last Name	Dependent First Name	A 22.0	Relationship To Parent/		e of school student plans nter in the Fall of 2024	Grade In the		lying aid	Amount we	Tuition
	Last Name	rirst name	Age	Guardian A		CITY / CTATE	Fall of 2024	elsew	here? k one)	can pay towards tuition	charged Yearly Per Student
						CITY / STATE		Yes	No No		
1											
2											
3											
4											
_											
5									<u> </u>		
D	HOUSEHOLD INFORMA				T						
	<ol> <li>Number of individuals who will reside in my/our household during the 2024-2025 school year:</li> </ol>			2. Current marital status/housing arrangement of Parent/Guardian A:  a. □ Single, Never Married* d. □ Divorced* g. □ Residing w/Significant Other							
Parents/Guardians Children Other *		b. ☐ Married e. ☐ Remarried* h. ☐ Other: c. ☐ Widowed f. ☐ Separated*									
If other, please explain relationship to Parent			(If Divorced, Remarried, Separated or Single, please complete Section E)								
DIVORCED SEPARATED OR SINGLE PARENTS (TO BE COMPLETED BY PARENT OR GUARDIAN LISTED IN SECTION A)											
3. Date of separation (Month/Year)			1. Who claimed student as a tax dependent in 2023?								
4. Date of divorce (Month/Year)			2. W	2. Who is responsible for the tuition for the dependent(s) listed in Section C?							
5. Non-custodial parent:		Father% Name									
-	Last Name	First Name		MI	_	Mother % Name					
		d support? ☐ Receive \$				Other% Name					
		□ Pay \$									
		□Neither									

	anadit aanda laan		d.
onsumer credit (	credit cards, loar	is, etc.)	\$
Automobile payments			\$
Year	Make	Model	
Year	Make	Model	
Rent / Mortgages	(include 1st, 2nd, l	\$	
Jtilities (electric,	gas, water, sewer	\$	
Other outstanding	bills (medical, in	\$	
- Educational expenses			\$
t any other finan	cial payments yo	ou would like the com	mittee to take into consideration:

By signing to the best o immediat not guarantee information contained on this application, supporting documents, and award decisions will be held in strict confidence.

Parent A:		
Signature	Printed Name	Date
Parent B:		
Signature	Printed Name	 Date





# St. Joseph Parish School

94-651 Farrington Hwy. Waipahu, HI 96797 (808) 677-4475 Fax (808) 677-8937

Website: stjosephwaipahu.org

