

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: financialaid@stjosephwaipahu.org

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.

LAST NAME

Date Submitted

A PARENT, GUARDIAN or OTHER ADULT (RESPONSIBLE FOR TUITION)

Circle one: Father Mother Stepfather Stepmother Legal Guardian

LAST NAME: _____

First Name: _____ M.I.: _____

Address: _____

City: _____ Zip: _____

Email: _____

Best Contact #: _____ cell work home

Employer: _____

Title/Rank: _____ Yrs. Employed: _____

B PARENT, GUARDIAN or OTHER ADULT (RESPONSIBLE FOR TUITION)

Circle one: Father Mother Stepfather Stepmother Legal Guardian

LAST NAME: _____

First Name: _____ M.I.: _____

Address: _____

City: _____ Zip: _____

Email: _____

Best Contact #: _____ cell work home

Employer: _____

Title/Rank: _____ Yrs. Employed: _____

C DEPENDENTS (DO NOT LEAVE BLANK)

Please list all dependent children in order of oldest to youngest, including college students. Indicate each dependent's relationship to Parent/Guardian A: Child, foster child, grandchild etc.

	Dependent Last Name	Dependent First Name	Age	Relationship To Parent/Guardian A	Name of school student plans to enter in the Fall of 2024	Grade In the Fall of 2024	Applying for aid elsewhere? (check one)		Amount we can pay towards tuition	Tuition charged Yearly Per Student
					CITY / STATE		Yes	No		
1							<input type="checkbox"/>	<input type="checkbox"/>		
2							<input type="checkbox"/>	<input type="checkbox"/>		
3							<input type="checkbox"/>	<input type="checkbox"/>		
4							<input type="checkbox"/>	<input type="checkbox"/>		
5							<input type="checkbox"/>	<input type="checkbox"/>		

D HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2024-2025 school year:

Parents/Guardians _____ Children _____ Other * _____

If other, please explain relationship to Parent _____

2. Current marital status/housing arrangement of Parent/Guardian A:

- a. Single, Never Married* d. Divorced* g. Residing w/Significant Other
 b. Married e. Remarried* h. Other: _____
 c. Widowed f. Separated* _____

(If Divorced, Remarried, Separated or Single, please complete Section E)

E DIVORCED SEPARATED OR SINGLE PARENTS (TO BE COMPLETED BY PARENT OR GUARDIAN LISTED IN SECTION A)

3. Date of separation (Month/Year) _____

4. Date of divorce (Month/Year) _____

5. Non-custodial parent:

Last Name First Name MI

6. Do you receive or pay child support? Receive \$ _____ per year
 Pay \$ _____ per year
 Neither

1. Who claimed student as a tax dependent in 2023? _____

2. Who is responsible for the tuition for the dependent(s) listed in Section C?

- Father _____ % Name _____
 Mother _____ % Name _____
 Other _____ % Name _____

