

# ST. JOSEPH PARISH SCHOOL SCHOLARSHIP SY2026 - 2027



## St. Joseph Parish School Tuition Assistance Application

### ONE APPLICATION PER FAMILY

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

- Complete 2025 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](mailto: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 26, 2026**.

Name of Student	Grade in SY2026-2027	Applying for other 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 2026	Grade In the Fall of 2026	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 2026-2027 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 2025? \_\_\_\_\_

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

Father \_\_\_\_\_ % Name \_\_\_\_\_

Mother \_\_\_\_\_ % Name \_\_\_\_\_

Other \_\_\_\_\_ % Name \_\_\_\_\_

