

The Mary C. Forbes Foundation

2020-2021

APPLICATION FOR SCHOLARSHIP ASSISTANCE

*(Original application required to be filed for each student)
(All questions must be completed or application may not be considered)*

I. PERSONAL DATA

Name of Student/Applicant _____
Last First

Address of Applicant _____
No./Street

City State Zip Code

Telephone: Home _____

Sex: (Circle one) Male/Female

Parish Affiliation _____

Name of School and Grade entering 2020-21 year
School Name Grade

Name of Parent/Guardian with whom student resides:

Last First
Address

No./Street City State Zip Code

Telephone: Home: _____ Work: _____

Are there other children in the family? If so, please list name, age, grade, and school they are attending:

NAME	AGE	2020-2021 SCHOOL / SCHOOL YEAR

II. FINANCIAL INFORMATION

1. Did parent file a Federal Income Tax Return for the 2019 tax year? _____ Yes _____ No
If yes, please **UPLOAD** a completed, signed copy with all schedules and W-2 forms.

(If parents are divorced or separated, and have joint custody, each parent must submit 2019 1040 Return)

(Electronic filing form is not acceptable). Copy of Full Return is required for application to be considered.

2. A. Is either parent self-employed in their own business? _____ Yes _____ No.
If yes, please indicate the amount withdrawn from the business earnings to the parent as personal or family income\$ _____
- B. If self-employed, what personal expenses are already paid from your business, (i.e., mortgage, health insurance, vehicle expense, taxes, etc.)

- C. Do you receive additional income, which is not recorded on the tax form, **including**, but not limited to, **child support payments, alimony, AFDC, Medicaid benefits, SSI, or Social Security or Veterans Administration benefits?** _____ Yes _____ No
PLEASE UPLOAD PROOF (Canceled check, SS statement, etc.)
If yes, please indicate type of benefit and amount received yearly:

3. If you did not file a 2019 Federal Tax Return, please state reason for not filing

4. What amount of the school tuition did you actually pay from your own funds for student in previous school year?

5. Do you receive additional financial help from family members or friends to help pay tuition? _____ Yes _____ No.
If yes, how much was paid by a family member or friend for this student \$_____
6. If you receive scholarship aid in the school year of 2019-2020, please list the scholarship name and the amount that your child received. _____

**** TO BE ELIGIBLE FOR THIS SCHOLARSHIP, THE APPLICANT MUST BE AN ACTIVE PRACTITIONER OF THE ROMAN CATHOLIC FAITH'S CRITERIA:**

Please complete the following:

	<u>Date</u>	<u>Church/Address</u>
Baptism	_____	_____
Reconciliation	_____	_____
Holy Eucharist	_____	_____
Confirmation	_____	_____

CERTIFICATION OF PARENT

I hereby certify that the information submitted is true and correct, and that I will notify the school Administration of the school in attendance and the Trustee of the Mary C. Forbes Charitable Trust of any change in my personal or financial circumstances from the information provided in this application.

Signature of Parent or Guardian

Parent's or Guardian's Printed Name

UPLOAD THE APPLICATION AND INCOME TAX INTO THE CORRECT SCHOOL FOLDER.