

The Mary C. Forbes Foundation

2024-2025

APPLICATION FOR SCHOOL SCHOLARSHIP ASSISTANCE

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

PERSONAL INFORMATION

Name of Student _____

Last

First

Address _____

No/Street

City

State

Zip

Telephone Number _____

Sex (Circle one) Male Female

Parish Affiliation _____

Name of School and Grade entering 2024-2025:

Name of Parent/Guardian with whom student resides:

Last

First

Address: _____

No/Street

City

State

zip

Telephone Number: Home _____ Work _____

List the other children in your family:

Name

Age

2024-2025 School

D'Arcy R. Clarie, Trustee
7226 13th Avenue, North
St. Petersburg, Florida 33710
Phone (727) 560-6788
Facsimile (727) 344-6659
Email: info@marycforbesfoundation.com

FINANCIAL INFORMATION

(No electronic filing form is acceptable. Copy of a full return is require.)

1. Did Parent file a Federal Income Tax Return for 2023 year? Yes _____ No _____
APPLICANT NAME _____ SCHOOL NAME _____

2. If yes, please UPLOAD a complete copy signed copy with all schedules and W-2 forms. If you are unable to upload the tax return and schedules, please mail it to the following address:

Mary C. Forbes Foundation, c/o Mrs. Joanne Clarie, 7226 13th Avenue North, St. Petersburg, Florida 33710.
YOU MUST PUT THE SCHOOL AND YOUR CHILD'S NAME ACROSS THE TOP OF THE INCOME TAX AS I FILE BY THE SCHOOL'S NAME AND THEN THE CHILD'S NAME.

(If parents are divorced or separated, and have joint custody, each parent must submit a 2023 1040 return.)

3. Is either parent self employed in their own business? Yes _____ No _____

4. If yes, please indicate the amount withdrawn from the business earnings to the parent as personal or family income? _____

5. If self-employed, what personal expenses are already paid from your business, (i.e. mortgage, health insurance, vehicle expenses, taxes, etc.) _____

6. 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 (Cancelled check, SS statement, etc.). If yes, please indicate type of benefit and amount received yearly.

7. If you did not file a 2021 Federal Tax Return, please state reason for not filing. _____

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

9. Do you receive additional financial help from family members or friends to help with the tuition? Yes _____ No _____

10. If you receive scholarship aid in the school year 2023-2024, please list the scholarship and name amount that your child received. _____

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

DATE CHURCH/ADDRESS

BAPTISM _____
RECONCILIATION _____
HOLY EUCHARIST _____
CONFIRMATION _____

CERTIFICATION OF PARENT/GUARDIAN: I hereby certify that the information submitted is true and correct, and I will notify the school and Trustee of the Foundation of any changes in my personal or financial circumstances from the information provided in this process.

Signature of Parent/Guardian _____ Date _____

D'Arcy R. Clarie, Trustee
7226 13th Avenue, North
St. Petersburg, Florida 33710
Phone (727) 560-6788
Facsimile (727) 344-6659
Email: info@marycforbesfoundation.com