

The Mary C. Forbes Foundation

2025-2026

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 Name First Name

Address _____
No/Street

City. State Zip

Telephone Number _____

Sex. (Circle one) Male Female

Parish Affiliation _____

Name of School _____

Grade the student will be entering in 2025-2026 _____

If you are applying for an elementary school you must complete Attachment A

Name of Parent/Guardian with whom Student Resides:

Last Name First Name

Address: _____
No/Street City State Zip

Telephone Number: _____ Cell _____

List the other children in your family. List the schools they will be attending in the year of 2025-2026.

Name School Grade for 2025-2026

D'Arcy R. Clarie, Trustee
Joanne Clarie, Administrator
7226 13th Avenue, North
St. Petersburg, Florida 33710
Phone (727) 560-6788
Facsimile (727) 344-6659

Email: info@marycforbesfoundation.com

Student Name: _____ School: _____ Grade _____

FINANCIAL INFORMATION

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

1. Did Parent file a Federal Income Tax do 2025? Yes _____ No _____
(If Parents are divorced or separated, and have joint custody, each parent must submit a 2025 1040 return)
2. Is either parent self employed in their own business? Yes ___ No _____
3. If yes, please indicate the amount withdrawn from the business earnings to the parent as personal family income? _____
4. If self-employed, what personal expenses are already paid from your business. (i.e. mortgage, health, insurance, vehicle expenses, taxes, etc.) _____
5. Do you receive additional income which is not recorded on the tax form, including but not limited to **child support, alimony, AFDC, Medicaid benefits, SSI or Social Security of Veterans Administration benefits**? Yes _____ No _____
PLEASE INCLUDE PROOF(cancelled check, SS statement, etc.) If yes, please indicate type of benefit and amount received yearly.
6. If you did not file a 2025 Federal Tax Return , please state the reason for not filing.

7. What amount of school tuition did you actually pay from your own funds for the student in the previous year? _____
8. Do your receive additional financial help from family members or friends to help with tuition? Yes _____ No _____
9. If you receive scholarship aid in the school year 2024-2025, please list the scholarship and name the amount that your child received. _____

TO BE ELEGIBLE FOR THIS SCHOLARSHIP, THE APPLICANT MUST BE AN ACTIVE PRACITIONER OF THE ROMAN CATHOLIC FAITH CRITERIA.

DATE	CHURCH/ADDRESS
BAPTISM _____	_____
HOLY EUCHARIST _____	_____
CONFIRMATION _____	_____

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

Signature of Parent/Guardian

Date

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ATTACHMENT A FOR ELEMENTARY SCHOOL FAMILIES:

Student Name_____ School_____ Grade_____

1. I am not eligible for the full credit of the Step Up for Students or other state tuition assistance. Yes_____ No_____
2. I receive partial assistance for the state tuition assistance, but need more assistance. Yes_____
No_____
3. I have more than one child in the Catholic School and I need more assistance than the state tuition. Yes_____ No_____

Parent/Guardian. Signature

Date

Principal's Signature

Date

Comment if needed: