



ST. CASIMIR FAMILY SCHOLARSHIP FORM

Name of parent(s)/guardian(s) financially responsible for tuition for 2016-2017 school year:

(Please print)

Address: _____

City, State Zip: _____

Daytime phone: _____

Email: _____

Students entering Grades K - 8th are eligible to apply.

Student's Name

Grade entering 2016-2017

_____	_____
_____	_____
_____	_____
_____	_____

Adjusted Gross Income (AGI) from 2015 Federal Tax Return _____

Number of dependents in household _____

FOR OFFICE USE ONLY

Date received:

PSAS: YES NO

Staff:

PSAS Award Amount:

SCFS Award Amount: