



ST. CASIMIR FAMILY SCHOLARSHIP FORM

Name of parent(s)/guardian(s) financially responsible for tuition for 2017-2018 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 2017-2018

Please write your estimated monthly income for all household members

Number of dependents in household

FOR OFFICE USE ONLY

Date received:

PSAS: YES NO

Staff:

FACTS Award Amount:

SCFS Award Amount: