**Application for Financial Scholarship/Assistance**

*It is the practice of St. Mary of the Lake Church that all individuals or families have access to opportunities to learn and grow in the Catholic faith at St. Mary’s, regardless of ability to pay.*

*Applicant should be a registered parishioner of St. Mary’s. Please complete this form and return to the Parish Office. You will be contacted soon.*

**Event or Program name for which you are requesting assistance:**

CONTACT INFORMATION:

Parent / Guardian Name:

Email address:

Phone:

Mailing Address:

List names of individual(s) for whom you are requesting financial aid:

FINANCIAL INFORMATION:

How much financial aid are you requesting?

Partial amount $ Full amount $

Please share with us a sentence or two about your situation:

Signature Date:

For Office Use Only

Date Received: How communicated:

Approved: YES NO Reason:

Follow-up needed: initials: