



Bishop's Scholarship Application 2018-2019

**CATHOLIC
SCHOOLS**
DIOCESE OF LAKE CHARLES

"Achieving Academic Excellence through Leadership, Unity, and Service"

DIOCESE OF LAKE CHARLES+OFFICE OF CATHOLIC SCHOOL

APPLICATION FOR TUITION ASSISTANCE

Our Lady Queen of Heaven

The Diocese of Lake Charles as well as each local Catholic school recognizes that tuition is a challenge for some families. To assist families who desire education in a Catholic school for their children, a program of tuition assistance is available.

PLEASE COMPLETE THE ENTIRE APPLICATION. ATTACH A COPY OF YOUR CURRENT INCOME TAX FORM AND RETURN TO THE SCHOOL OFFICE. All information required for application will be considered confidential.

APPLICATION DEADLINE: April 13, 2018

NAME OF FAMILY:		
STREET ADDRESS:		
MAILING ADDRESS		
CITY:	STATE:	HOME TELEPHONE:
FATHER'S OCCUPATION:		Work Telephone Number:
Employed by:	Years Employed:	
MOTHER'S OCCUPATION:	Work Telephone Number:	
Employed by:	Years Employed:	
STATUS OF CHILDREN IN FAMILY		
NAME	AGE	SCHOOL
1.		
2.		
3.		
4.		
5.		
TUITION TO BE PAID FOR THE 2018 - 2019		\$
TOTAL AMOUNT OF TUITION ASSISTANCE REQUESTED		\$

The financial information requested below will be held in the strictest confidence.

What is your expected gross income for the next 12 months?

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Number of automobiles owned by family: _____ (Please indicate Make/Model/Year)

1. _____ Financed:* _____ Monthly Payments

2. _____ Financed:* _____ Monthly Payments

3. _____ Financed:* _____ Monthly Payments

*If any of the above automobiles are financed, please indicate with whom:

Does the Family own a Home: _____ Yes _____ No (If no, amount of monthly rent _____)

Monthly Mortgage Payments: _____ \$

Mortgage Company:

Parents/Family members of:

1. Country Club Yes No

2. Athletic Club Yes No

3. Mardi Gras Krewe Yes No

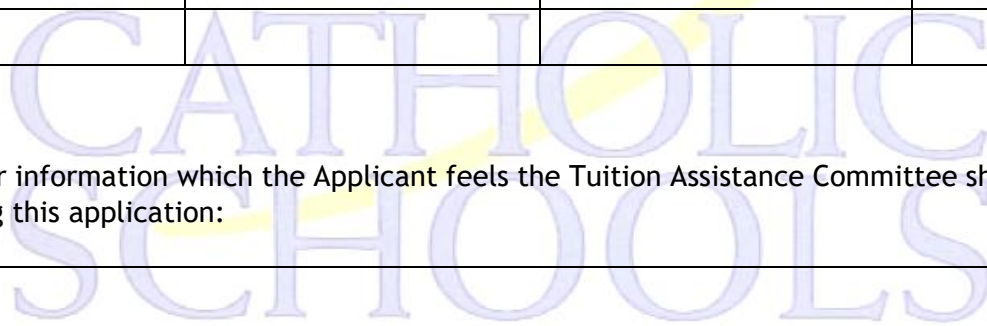
4. Other

Does your child/children take dance, karate lessons, etc? How much is spent weekly?

Other fixed monthly obligations:

PAYEE	PURPOSE	MONTHLY PAYMENTS	BALANCE OWED

Any other information which the Applicant feels the Tuition Assistance Committee should know regarding this application:



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ALL TUITION ASSISTANCE IS FOR ONE YEAR ONLY. A NEW APPLICATION FOR TUITION ASSISTANCE MUST BE COMPLETED EACH YEAR.

Signature of Father (Guardian)

Date

Signature of Mother (Guardian)

Date

FOR OFFICE USE ONLY:

Date Application Approved _____ **Amount Approved** _____

Signature of Approving Agent _____

School Attending _____

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