



## FINANCIAL AID INFORMATION

Father's Total Annual Income Before Taxes: \$ \_\_\_\_\_

Mother's Total Annual Income Before Taxes: \$ \_\_\_\_\_

Number of Dependents (excluding Father and Mother): \_\_\_\_\_

Financial circumstances which may place a heavy burden on your family (such as health insurance/care; child care; other education expenses) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DOCUMENTATION REQUIRED:

Copy of most recent tax return (Form 1040)

Copy of report card(s) for current year

Letter of recommendation from principal of student's current school.

**CONFIDENTIALITY:** By application for this scholarship, students, parents, guardians, and school personnel agree that all information received by the Muriel Schreiber Holy Family Council of Catholic Women Scholarship Committee and/or Selection Team, is strictly confidential and will not be disclosed to anyone, including but not limited to applicants, parents, guardians, or school personnel. All decisions of the Selection Team are final.

**IMPORTANT:** Meeting initial eligibility criteria does not necessarily mean a student will receive a scholarship. Failure to provide all requested information and documentation will nullify the application. Additional information may be required during the course of consideration.

I/we understand that the information on the application will be released to the scholarship selection team. If awarded a scholarship, I/we agree to the use of our names and that of our child, his/her story and picture for printed materials, reports, and press releases, all without compensation, and that our child will attend any award ceremonies that may be planned.

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**Signature of Parents/Guardians**

**Date**

(Signature certifies that information provided is true and accurate.)

DEADLINE FOR APPLICATION: April 15, 2024

Please submit application to: Scholarship Selection Team  
Holy Family Church  
2330 Mariposa Avenue  
Port St. Lucie, FL 34952