



# Most Precious Blood School Application for Parish Subsidy Scholarship & Multi-Child Scholarship Discounts

Date \_\_\_\_\_

Application for School Year of \_\_\_\_\_

**Family Name** \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Grade \_\_\_\_\_

### Application for Parish Subsidy Scholarship – Active Registered Parishioner

*Please check all that apply.*

- \_\_\_\_\_ 1. We are registered members of \_\_\_\_\_ Parish.
- \_\_\_\_\_ 2. We include our envelopes in the weekly collection at the above named parish on a regular basis.
- \_\_\_\_\_ 3. We contribute the suggested \$500 during the fiscal year to the above named parish.
- \_\_\_\_\_ 4. We actively participate in the above named parish through parish functions, missions, and volunteering.

### Application for Multi-Child Scholarship – Multi-Child Discount

*Please check all that apply.*

- \_\_\_\_\_ 1. We are registered members of \_\_\_\_\_ Parish.
- \_\_\_\_\_ 2. We have more than one child registered for Kindergarten – Eighth Grade for the application dated school year.
- \_\_\_\_\_ 3. We have applied for additional tuition assistance through the school or Diocese.
- \_\_\_\_\_ 4. We have applied for a School Choice Voucher for one or more of our children.

*Please indicate which child(ren):* \_\_\_\_\_

**Please return this form to the school office by the published date to ensure your family will be considered for these scholarship discounts.**

*For Office Use Only:*

Application Reviewed By Parish Office:	Application Reviewed By School Office:	Notes: _____
___ Approved      ___ Denied	___ Approved      ___ Denied	_____
Date _____ Initial: _____	Date: _____ Initial: _____	_____