



# SACRED HEART CATHOLIC SCHOOL

2026-2027



## CATHOLIC PARISHIONER SCHOLARSHIP APPLICATION

Families who are applying for the Sacred Heart School Catholic Parishioner Scholarship must complete this form and return it at the time of registration. The scholarship amount awarded will be applied to the FACTS account balance after all other scholarships have been applied. Please note that the scholarship does not provide funds directly to parents but is used to reduce the remaining tuition and fee balance. All parents are required to pay the registration fee and, for 8th-grade students, the graduation fee.

**By completing this application, you affirm that you meet the following qualifications for the scholarship:**

1. You are a registered and active member of a Catholic parish within the Diocese of St. Augustine for at least the past twelve (12) months.
2. You attend Mass faithfully on Sundays and Holy Days of Obligation.
3. You contribute a minimum of \$20.00 per week to your parish through envelopes or Faith Direct (Online Giving).

### **Applicant Information**

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

Parish Name \_\_\_\_\_ Envelope Number \_\_\_\_\_

### **To be completed by the pastor or their delegate:**

Yes, I certify that the above-named family is registered at our parish and meets the stated criteria for active parishioner status.

No, the above-named family is not registered in our parish and/or does not currently meet the criteria for active parishioner status.

**Comments:** \_\_\_\_\_

**Pastor/Delegate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pastor/Delegate Signature:** \_\_\_\_\_

**Parish Seal (if available):** \_\_\_\_\_