

Saint Anne Catholic School

Scholarship Application for _____ School Year

Applicant: _____

Address: _____

City/State _____ Zip _____

Home #: _____ Cell#: _____

Email Address: _____

Students Attending St. Anne Catholic School:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Total Cost of Tuition _____

Total Cost of Registration _____

Total Cost of Book Fee _____

Families' ability to pay: Amount: _____

Scholarship amount needed: Amount: _____

*** Note: Please attach letter requesting financial help through our scholarship program.
This should show break down of monthly income and expenses.**

I applied online with the FACTS. www.factstuitionaid.com

Applicant Signature

Date

SCHOLARSHIP AMOUNT GRANTED: _____ to be prorated by 10 months-September through June.

Principal Signature

Date