

OUR LADY OF VICTORY'S SAINT JOSEPH'S CATHOLIC ACADEMY
SCHOLARSHIP APPLICATION

Parents' or Guardians' Name(s) _____

Address _____

City/State/Zip _____

Phone Number _____ Email _____

Student Name _____

Birth Date _____

Grade Enrolling at Saint Joseph's _____

Number of Children in the family _____

What school is your student currently attending? _____

Median Income Range: (Please check one_

- Under \$70,000 _____

- \$70,000 to \$90,000 _____

- \$90,001 to \$120,000 _____

- \$120,001 to \$150,000 _____

- Over \$150,000 _____

Parent Signature _____

Date _____



Sent by Chris KIRKPATRICK



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