

# St. John's Day School

## Scholarship Form

Parent(s)' Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Cell Work

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Additional Income: \_\_\_\_\_

Children:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Have you ever received a scholarship from St. John's? \_\_\_\_\_

Monthly House Payment: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Car(s):

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly Car Payment: \$ \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly Car Payment: \$ \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly Car Payment: \$ \_\_\_\_\_

Please state any additional information that would be useful to the committee in evaluating your financial situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_