



**ST. JOSEPH EDUCATION FOUNDATION**  
Lakeland, FL

## Scholarship Application

*Please complete the following information and return to the St. Joseph Education Foundation to be considered for a scholarship.*

### 1. Student/ Parent Information (Please Print):

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_

School year: \_\_\_\_\_ Grade: \_\_\_\_\_

School student will attend: \_\_\_\_\_

School student attended previous year: \_\_\_\_\_

### 2. School Verification

Registered (*Fees Paid*): Yes No

FACTS Tuition Account Active and Functional: Yes No

FACTS Grant and Aid Application Verified: Yes No

School Representative Signature: \_\_\_\_\_

***Please contact the enrollment specialist at each institution to obtain a copy of the FACTS Grant and Aid determination and attach it to this application.***

### 3. Parish Information/Pastor Verification

Currently a member of: St. Joseph? Yes: \_\_\_ No: \_\_\_

Parish envelope # \_\_\_\_\_ Online Giving: \_\_\_\_\_

Are family members active in this Parish? Yes: \_\_\_ No: \_\_\_ if "yes", please identify family member and explain the activities: (must be completed to qualify)

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

\_\_\_\_\_  
Very Reverend Tim LaBo, PhD

(Parish Seal)