

ADDITIONAL CHILD FORM

**FATHER FRANCIS T. DIETZ, S.J. SCHOLARSHIP APPLICATION FORM
Grades 7 & 8 (Gesu Junior High)
Grades 9-12 (Area Catholic High Schools)**

2009-2010

APPLICATION NUMBER _____ DATE OF APPLICATION _____

Please note: Due to the increasing number of applications, ALL information requested on this form, including attachments, must be submitted before an application can be reviewed. Delays caused by returning this form to the applicant, or because not all information is given, might eliminate the applicant from further consideration.

Please print or type all information requested on this form. Return the form and attachments to Fr. Snow at the Gesu Parish Office by **June 30, 2009**.

1) Applicant's Name _____ Phone _____

2) Applicant's Age _____ Applicant's Grade Level (2009-2010) _____

School Applicant Attends/Will Attend _____

3) Applicant's Address _____

Street

_____ City

_____ Zip Code

4) How long have you lived at the above address? _____ Years

5) Parents (if one or the other is deceased, please indicate) or Guardian(s):

Father _____

Mother _____

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Applicant lives with: _____

Guardian(s) (If applicable): _____

6) **ATTACH COPIES OF THE FIRST TWO PAGES OF THE APPROPRIATE 1040 OR OTHER FEDERAL INCOME TAX FORM FOR PARENTS (OR GUARDIAN) AND THE APPLICANT FOR 2008.** If any income or loss is reported for business income, also attach a copy of Schedule C. If any income or loss is reported for rents, royalties, trusts, etc., also attach a copy of Schedule E. **Note: Your application will NOT be reviewed without these attachments.** If no federal forms were filed for 2008, indicate that in the space below or on an attachment with the reason for not filing.

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7) List ALL other children in the family besides the applicant:

Name	Age	Name of School (if attending)	Tuition & Fees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8) Please list any scholarships or financial aid received for any of the other children in your family:

9) Employment:

a) **Applicant:** Job: _____ Hours per week: _____

Employer's Name & Address: _____

Summer job or work during school year: _____

Earnings to date in 2009: _____

Projected earnings for Summer 2009: _____

b) Father or Guardian:

Occupation: _____

Full Time or Part Time: _____

If Part Time, how many hours per week? _____

Employer's Name & Address: _____

c) Mother or Guardian:

Occupation: _____

Full Time or Part Time: _____

If Part Time, how many hours per week? _____

Employer's Name & Address: _____