



**2018-2019**  
**Parishioner Grant Application**

\_\_\_\_\_  
Print Family Name

Please list students to receive this grant by grade in order beginning with Kindergarten Readiness. Preschool students are not eligible for this grant. (Value \$2105 per student)

_____ Student Name	_____ Grade
_____ Student Name	_____ Grade
_____ Student Name	_____ Grade
_____ Student Name	_____ Grade
_____ Student Name	_____ Grade

I understand by accepting this grant that my family follows the criteria.

- † The family has at least one family member in the home that is Catholic and is registered with St. Aloysius Parish or a parish in the diocese that does not have a school.
- † Through the use of time, talent and treasure the family helps support their parish.
- † The family attends Mass.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Office use only: \_\_\_\_\_  
Total grant amount