



# Pope John Paul II Academy

“A private independent school in the Catholic tradition”

## Application for Scholarship Assistance

**Our goal at the Pope John Paul II Academy is to provide an outstanding education while helping to form children spiritually and morally, regardless of the ability to pay. Consequently, we do offer scholarship assistance. The scholarships are need based and are dependent upon the donations that are receive from our benefactors. Please complete the application below to be considered for financial assistance.**

### **STUDENT**

Today’s Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ SS# \_\_\_\_\_  
*(Required)*

Student’s Full Name: \_\_\_\_\_  
*(Last) (First) (Middle) (Prefers to be called)*

Address: \_\_\_\_\_  
*(Street or PO Box) (City) (State) (Zip)*

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Religion: \_\_\_\_\_ Parish or Place of Worship: \_\_\_\_\_

Public School Applicant WOULD Attend \_\_\_\_\_

*Student’s Ethnic Background: Boy [ ] Girl [ ]*

Sacraments Received and Dates: \_\_\_\_\_ [ ] Caucasian [ ] Afro/American

[ ] Baptism \_\_\_\_\_ [ ] First Communion \_\_\_\_\_ [ ] American Indian [ ] Hispanic

[ ] Reconciliation \_\_\_\_\_ [ ] Confirmation \_\_\_\_\_ [ ] Asian [ ] Other: \_\_\_\_\_

### **FATHER**

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
*(Last) (First) (Middle)*

Address: \_\_\_\_\_ SS# \_\_\_\_\_  
*(Street or PO) (City) (State) (Zip)*

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

### **MOTHER**

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
*(Last) (First) (Middle)*

Address: \_\_\_\_\_ SS# \_\_\_\_\_  
*(Street or PO) (City) (State) (Zip)*

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

**STEP-PARENT OR GUARDIAN (IF APPLICABLE)**

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
*(Last) (First) (Middle)*

Address: \_\_\_\_\_ SS# \_\_\_\_\_  
*(Street or PO) (City) (State) (Zip)*

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

**Scholastic Information**

Applicant's current or most recent school: \_\_\_\_\_

Grades attended: \_\_\_\_\_

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

Principal or Head: \_\_\_\_\_

**Family Information  
Parents**

Are both parents living?  Yes  No  Married  Separated  Divorced

Father Remarried  Mother Remarried

Applicant is living with:  Parents  Father  Mother

Other (please Specify): \_\_\_\_\_

If applicant's parents are divorced, which parent has legal responsibility for:

School related decisions: \_\_\_\_\_ School bills: \_\_\_\_\_

Custody of the student: \_\_\_\_\_ Receive school communications: \_\_\_\_\_

**Siblings**

| Name  | Age   | Grade | School |
|-------|-------|-------|--------|
| _____ | _____ | _____ | _____  |
| _____ | _____ | _____ | _____  |
| _____ | _____ | _____ | _____  |
| _____ | _____ | _____ | _____  |

What would you say are your child's main assets, qualities, or talents? (Academically, socially, physically, and/or morally)

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

What do you expect from a Pope John Paul II Academy education and why do you want your child to attend?

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What amount of money do you believe that you would believe you would be able to afford on a monthly basis in order for your child to attend the Pope John Paul II Academy?

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Do you have any talents or skills that you might be able to utilize to help the Academy?

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Please address correspondence to:  
Pope John Paul II Academy  
236 S. 3<sup>rd</sup> Street Suite 217  
Montrose, CO 81401

Signature(s) \_\_\_\_\_  
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