

ST. FRANCIS DE SALES EDUCATION FUND APPLICATION

St. Frances de Sales Church, Lenni, PA 19052

Date: _____

NAME (Mr / Miss / Ms / Mrs) _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ AGE _____

FATHER'S NAME _____

OCCUPATION _____

EMPLOYER _____

MOTHER'S NAME _____

OCCUPATION _____

EMPLOYER _____

EDUCATION HISTORY (H.S. & COLLEGE) _____ DATES _____ DEGREE _____

SCHOOL ATTENDING _____

MAJOR _____

DEGREE EXPECTED (BA, BS, etc.) _____ DATE _____

ESTIMATED ANNUAL COST:

TUITION \$ _____

FEES _____

ROOM & BOARD _____

BOOKS _____

OTHER (specify) _____

TOTAL COST \$ _____

LIST ANNUAL ASSISTANCE FROM OUTSIDE SOURCES:
SCHOLARSHIPS (INCLUDING ROTC), GRANTS, COOPERATIVE WORK STUDY
PROGRAM EARNINGS, LOANS, etc. Use other side if necessary.

_____ \$ _____

TOTAL AID AND LOANS \$ _____

First time applicants: ATTACH OFFICIAL TRANSCRIPT

Repeat applicants: ATTACH LATEST FULL-YEAR GRADE REPORT

SIGNATURE _____