

# St. Louis de Montfort Academy, Inc.

– Application for Scholarship –

*Strictly confidential*

**Parents** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Tel.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Full name of boy:** \_\_\_\_\_ **Enrolling in grade** \_\_\_\_\_

**Financial information:**

Estimated annual family income: \$ \_\_\_\_\_

Total number of children \_\_\_\_\_ Children not yet 19 years old \_\_\_\_\_

Number of other dependents for whom you are responsible \_\_\_\_\_

Monthly rent or mortgage: \$ \_\_\_\_\_ Monthly car payment: \$ \_\_\_\_\_

Average monthly medical bills: \$ \_\_\_\_\_

Approximate unpaid balance on all loans, credit card, and other types of debt (excluding home and car ownership): \$ \_\_\_\_\_

I understand that scholarships are subject to availability of Academy funds and are awarded at the sole discretion of the Scholarship Committee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent

Please mail this application so that it is received at least two weeks prior to the beginning of the school year

Mail application to: St. Louis de Montfort Academy, Inc.  
Scholarship Committee  
868 Herndon Rd.  
Herndon, Penn. 17830

No boy will be denied a scholarship on the basis of race, color, nationality, ethnicity, or disability.

Please provide information of out of the ordinary expenses or circumstances which you believe will be helpful to the Scholarship Committee in making its determination.

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