



WHITCOME SCHOLARSHIP APPLICATION FORM

(Please Type or Print)

Applications will not be processed if not completed in full and submitted with a copy of the most recent tax return for all household members.

Student First Name:		Last Name:	
Address:			
City, State Zip:			
Home Phone:		Sex M/F:	
Date of Birth:		Grade Level:	
Affiliation Status: (circle one)	Catholic Affiliated		Catholic Non-Affiliated
How long has child been enrolled at Holy Angels?			
Did family apply to DOB?: (circle one)	Yes	No	If yes, result:

Parental Information

Parent #1 First Name:		Last Name:	
Address (if different from student's):			
City, State Zip:			
Home Phone:		Cell Phone:	
Relationship to Child: (circle one)	Mother Father Guardian Other		
Occupation (if unemployed, last position):		Number of years at position:	
Total Annual Household Income:		Annual Household Expenses:	
Marital Status: (circle one)	Married Single Divorced Widowed Other		
Parent #2 First Name:		Last Name:	
Occupation (if unemployed, last position):		Number of years at position:	
Other Children: (if applicable):	Name, Age, Grade, School, Tuition		
Aid Received?: Yes No	If yes, list amount and source:		
Other Children: (if applicable):	Name, Age, Grade, School, Tuition		
Aid Received?: Yes No	If yes, list amount and source:		

