St. Mary Chardon Catholic School
2025-2026 School Year

Parish Life Scholarship Application

Parent/Guardian 1: _____ **Parent/Guardian 2:** _____

Phone: _____ **Phone:** _____

Email: _____ **Email:** _____

Address: _____

City : _____ **State:** _____ **Zip Code:** _____

Student Name (1): _____ **Grade 2025/26** _____ **Years Attended St. Mary :** _____

Student Name (2): _____ **Grade 2025/26** _____ **Years Attended St. Mary :** _____

Student Name (3): _____ **Grade 2025/26** _____ **Years Attended St. Mary :** _____

Please explain how you and your family contribute to the life of your parish and our school. What events or activities have you participated in?

Home Parish : _____ **Home Parish City:** _____

_____

_____

_____

_____

How do you plan on being involved in the future?

_____

_____

_____

_____

_____ _____

Signature Parent/Guardian 1 **Printed Name**

_____ _____

Date **Printed Name**

_____

Signature Parent/ Guardian 2

_____

Date: