St. Mary Chardon Catholic School
2024-2025 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 2024/25** _____ **Years Attended St. Mary :** _____

Student Name (2): _____ **Grade 2024/25** _____ **Years Attended St. Mary :** _____

Student Name (3): _____ **Grade 2024/25** _____ **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:

St. Mary's School admits students of any race, color, and national or ethnic origin.