

**Holy Angels/St. Anthony Pastoral Region**  
**PSR Scholarship Fund Tuition Aid Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parish Member of: \_\_\_ Holy Angels \_\_\_ St. Anthony

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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Please use this space to explain why you are unable to pay tuition.

*(All information is confidential)*

**FOR OFFICE USE ONLY:**

Scholarship Amount: \_\_\_\_\_

Amount family responsible for: \_\_\_\_\_

Method for balance of payments (monthly or quarterly) \_\_\_\_\_

Date Paid: \_\_\_\_\_