

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: _____

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: _____