

St. Joseph Catholic Church
211 Atlantic Avenue, Shreveport, LA 71105

Msgr. Clayton Scholarship Fund

Date: _____

Head of Household: _____

Are you a registered parishioner?

Yes

No

Name of Spouse: _____

Name of Children in Household:

1. _____ Age: _____ School attending: _____

2. _____ Age: _____ School attending: _____

3. _____ Age: _____ School attending: _____

4. _____ Age: _____ School attending: _____

Address: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

How much assistance have you received?: (Please list amount and place they were received from. EX. \$100 from Arete Scholars)

How much tuition can you afford monthly? _____

Head of Household Annual Income: _____

Spouse Annual Income: _____

Office Use Only

Date: _____ Amount: \$ _____ Initials: _____