

2017-2018

GRANT / SCHOLARSHIP APPLICATION

MUST be completed for EACH Student

STUDENT ID #	NAME						_
Last		First		Middle			
PARENT/GUARDIAN NAME _							_
	Last	First		Middle			
Address		City	State	Zip			-
Home Phone		Email					-
ATTENDING AESF MEMBE	R SCHOOLAll Saints'	Imago Dei _	_ St. Michael's	St. Peter	's Ch	rist Church	ı
School attended for at least 9	0 days of 2016-2017 IF diff	erent from 2017-20	018				
If a public school is listed abo	ve for 2016-2017, a Public :	School Attendance	Verification Fo	rm is required.			
<u>CIRCLE</u> the Grade of the Stud	ent for the 2017-2018 Scho		1 2 3 4 in 2018-2019	5 6 7	8 9 10) 11 12	2
Yes or No (circle one) - This S military orders. If yes, please How does/will this student be	provide a Copy of Military	Orders .			·	uant to	
							- - -
_	ion cannot award, restrict, or a tax credit if the taxpayer ag S.§43-1603)	rees to swap donation					
 vate school that the application. Funding will be sent defended and the sent de	ne applicant must be used as a nt attends or will be attending irectly to the school which has on grants / scholarships are su leting this application understemselves and any other application without regard to the stude wed by AESF on behalf of the all need, before a scholarship is g from other Student Tuition C	g. Any portion unused is requested the fund bject to the sole and ands that they cannot ant or group of applint's race, color, sex, applicant is not a gual awarded.	d must be return s on behalf of the absolute discresoft arrange, coop- icants. handicap, famili rantee of a scho	ned by the schoo ne applicant. tion of AESF. erate, or facilitat al status or natio larship. A variet	e the swap	or realloca- ping of a ta	×
Signature of <u>Parent/Guardian</u>				Date			