

THE DOROTHY VAILL MEMORIAL FUND APPLICATION FORM
for
Catholic Elementary Education

STUDENT (Please print) *Note: A separate application is required for each child.*

Name _____ Date of Birth _____

Street
Address _____ City _____

State _____ Zip _____ Telephone _____

School Attending Now _____ Current Grade _____

Location _____

FAMILY INFORMATION

Name(s) of Parent(s) or Guardian(s) _____

Address(es) _____

Email _____ Telephone _____

Total Family Income _____

(Please provide recent W-2 or 1099 IRS form(s) of Parent(s)/Guardian(s) or other sources of income of parents and guardians)

Number of Adults in Household (18 yrs. or older) _____ Number Employed _____

Number and Ages of Children in Family (under 18) _____

Number and ages of **others** dependent upon Family for Financial Support _____

EDUCATIONAL INSTITUTION

Enrolled in or accepted by _____

Name of Institution

Yearly Tuition _____

Location

Have you applied for a Dorothy Vaill Memorial fund grant in the past? Yes No

Did you receive it? Yes No If "yes" what was the amount awarded? _____

For what other scholarships/grants have you applied for the coming school year?
_____ Amount Requested? _____

Have you received a grant for the coming school year? Yes No

If "yes", please state the amount of the award? _____

SIGNATURE(S) of parent(s) or guardian(s): _____

Date: _____

ADDITIONAL DOCUMENTATION

1. Please include a Letter of Recommendation from a professional in the school, the principal, teacher or advisor. Send this letter with your application **in a signed and sealed envelope**.
2. Parents/Guardians must submit a statement of no more than 250 words detailing the need for financial assistance for their child's education, as well as any other pertinent information.

Only complete Application Packets will be considered. Packets must include:

- ___ This Application Form (two pages)
- ___ Copy of recent W-2 or 1099 IRS form or other sources of income
- ___ Letter of Recommendation in a signed and sealed envelope
- ___ Applicant's statement of financial need and any other pertinent information (not more than 250 words)
- ___ Proof of enrollment or acceptance; if acceptance is pending,
- ___ Proof of Application, with Proof of Acceptance to follow

In order to allow time for application review, the **complete application package** must be returned and postmarked no later than **February 15, 2018**.

ONLY DATED AND SIGNED APPLICATIONS WILL BE ACCEPTED.

NOT MORE THAN ONE GRANT WILL BE AWARDED PER FAMILY.

MAIL TO:

THE DOROTHY VAILL MEMORIAL FUND

c/o Holy Union Sisters

P. O. Box 410

Milton, MA 02186-0006

Awards will be announced mid April.