

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) or other sources of income of Parent(s)/Guardian(s))

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

Location: _____

Yearly Tuition: _____

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 School Professional: 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.

Please check that each item below has been completed and included in the Application Packet.

____ This Application Form (two pages)

____ Copy of recent W-2 or 1099 IRS form or other sources of income

____ Letter of Recommendation from a School Professional in a signed and sealed envelope

____ Parent/Guardian's statement of financial need and any other pertinent information (not more than 250 words)

____ Proof of enrollment or acceptance; Proof of acceptance must be sent when received.

In order to allow time for application review, the **complete application package** must be returned and **postmarked** no later than **February 16, 2021**.

ONLY DATED AND SIGNED PAPER 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 in mid-April.