

THE DOROTHY VAILL MEMORIAL FUND APPLICATION FORM
for
Catholic High School 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 professional in the school, the principal, a 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.
3. Students entering 10th, 11th or 12th grades must also submit an essay of no more than 200 words detailing his/her academic standing and school/parish/community activities.

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 other pertinent information (not more than 250 words)**
- _____ **Proof of enrollment or acceptance; Proof of acceptance must be sent when received**
- _____ **Student essay Grades 10, 11, or 12 (no more than 200 words)**

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 mid April.