

**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 15th, 2022**.

**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.***