



HOLY ROSARY CATHOLIC SCHOOL

215 S. Washington Ave., PO Box 503

Medford, WI 54451

715-748-3336, Extension 254

2020-2021 TUITION SCHOLARSHIP APPLICATION

Parent (Guardian) _____ Phone _____

Address _____

Phone # of each parent (guardian) _____

The total number of people living in your household _____.

The current gross amount of your household income \$ _____

You must attach copies of your last two paystubs or any proof of assistance you are receiving.

Indicate how often do you get paid: weekly _____ bi-weekly _____ semi-monthly _____ monthly _____

Number of children attending Holy Rosary _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

What is your total tuition bill for this year for all children attending Holy Rosary School? _____

How much can you afford to pay in tuition? _____

Please explain any other special circumstances that may have impacted your family.

Signature _____ Date _____

All financial information on this form will remain confidential.

If you have any questions, you may call Rick Spanbauer 715-748-3336 ext. 254