

Year A	Applying	For:	
I CUI I	-PP-JS	1 011	-

Our Lady of the Lakes Catholic School Tuition Angels Grant Application

			Fami	ily Contact In	formation		
Parents'	Names:						_
Street 1	Address:						
City:				Zip Code:			
Phone:				Email Address:			
If the p	barents are s	eparated or divorced, plea	ise indica	te in "Additional Inf	ormation" section and	l provide additional address	information.
			C	hildren Infor	mation		
	Na	ıme	Ag	ge !	School Attendin	ıg	Grade
ist all o	ther scho	larchine or grante	vou h	ave applied for a	during this echo	ool year: (attach addition	nal shoots if noodod)
				ave applied for v	 		
		Grant Name			Received? Y/N Yes / No	Amount Red	ceived
					Yes / No		
					Yes / No		
				Total amoun	t of other grants	\$	
					9		
			Ei	nancial Infor	mation		
	Parent	Name	1.1	Employer		Occupation	\n
	1 arciii	TVAIIIC		Employer		Оссиранс	<i>/</i> 11
		-		Total inc	ome from wages	last year: \$	
						·	
Prior	year Adju	sted Gross Income	as repo	orted on your IRS	5 1040, 1040A or	1040EZ: \$	
				Unusual Circ			
		(check i	all that c	apply to your situati	on within the past 1	2 months)	
☐ Loss	of job			Change in family	living status	☐ Medical expe	nses
	Recent separation/divorce Bankruptcy				☐ Death in Fan		
	nge in work			Income Reductio	n		n in "Additional
				Illness or injury		Information" or	n next page)

After reviewing your financ									
Please provide additional committee:	information	about y	our	circumstance	which	will	assist	the	scholarship
Additional Information:									
I/We declare that the info	ormation on t	this form	ı is t	rue, correct, a	and con	nplete	e to the	e bes	st of my/ou
Parents' Signatures:									
Signature	e		-	Date					
Signature	e		-	Date					

Please return the completed application to:

The Office of Admissions Our Lady of the Lakes Catholic School 5495 Dixie Highway Waterford, MI 48329