

ST JOHN THE EVANGELIST PARISH
APPLICATION FOR CATHOLIC SCHOOL SUBSIDY

STUDENT'S NAME: _____

PARENTS' NAMES: _____

ADDRESS _____
(Street Address) (City) (Zip)

PHONE: _____

SCHOOL ATTENDING: _____ GRADE: _____

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For Office Use:

_____ Registered Member

_____ Six month regular contributions

_____ Interview completed

COMMENTS:

SERVICE HOURS

STUDENT SUBSIDIZED: _____

PERSON WORKING: _____

WORKING DONE: _____

TIME WORKED: _____

Verified by: _____

Dated: _____