

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: \_\_\_\_\_