

**DIOCESE OF LAKE CHARLES+OFFICE OF CATHOLIC SCHOOLS**  
**APPLICATION FOR BISHOP'S SCHOLARSHIP 2023-2024 SCHOOL YEAR**

The Diocese of Lake Charles as well as each local Catholic school recognizes that tuition is a challenge for some families. The Bishop's Scholarship Fund for Catholic Schools provides monies to each Catholic school in the Diocese of Lake Charles for student tuition assistance.

**PLEASE COMPLETE THE ENTIRE APPLICATION. ATTACH A COPY OF YOUR CURRENT INCOME TAX FORM (IF SELF EMPLOYED ALSO ATTACH SCHEDULE C OR SCHEDULE F) FOR ALL MEMBERS OF THE HOUSEHOLD AND RETURN TO THE SCHOOL OFFICE.** All information required for application will be considered confidential.

**APPLICATION DEADLINE:** Friday, March 10, 2023

NAME OF FAMILY:		
STREET ADDRESS:		
MAILING ADDRESS		
CITY:	STATE:	HOME TELEPHONE:
FATHER/GUARDIAN OCCUPATION:		Work Telephone Number:
Employed by:	Years Employed:	
MOTHER/GUARDIAN OCCUPATION:	Work Telephone Number:	
Employed by:	Years Employed:	

**STATUS OF CHILDREN IN FAMILY**

	NAME	GRADE	SCHOOL
1.			
2.			
3.			
4.			
5.			

Does your student receive any other form of financial assistance for tuition?

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**CATHOLIC SCHOOLS**  
**DIOCESE OF LAKE CHARLES**

*"Achieving Academic Excellence through Leadership, Unity, and Service"*

The financial information requested below will be held in the strictest confidence.

What is your expected gross income for **all members of the household** in the next 12 months?

\_\_\_\_\_

Please detail any information which you feel the Tuition Assistance Committee should know regarding this application. Please detail any extenuating financial circumstances.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL TUITION ASSISTANCE IS FOR ONE YEAR ONLY. A NEW APPLICATION FOR TUITION ASSISTANCE MUST BE COMPLETED EACH YEAR.**

\_\_\_\_\_  
Signature of Father (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother (Guardian)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

**Date Application Approved** \_\_\_\_\_ **Amount Approved** \_\_\_\_\_

**Signature of Approving Agent** \_\_\_\_\_

**School Attending** \_\_\_\_\_