

**St. John's Area School Scholarship Application**

Application Deadline is May 1<sup>st</sup>

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Names and Grades of children: \_\_\_\_\_

**Write a brief statement describing your financial need:**

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

**Explain any changes in your financial situation from last year:**

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

**List areas where your family and/or student volunteer at SJAS and your church:**

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

Applicants will be notified by May 15<sup>th</sup>.  
You may need to verify financial need if necessary.

\_\_\_\_\_  
Signature

I'd like my name to remain confidential.