Church of St. Michael

Scholarship Request 2017-18

Parent Last Name: _____Parent(s) First Name:_____

Child(ren)'s Name:_____

Preferred Phone: _____

Preferred Email:_____

Total Family Cost of Program: $_____
Request Partial Scholarship of $_____.
Request Full Scholarship of $_____.

Reason for Request:_____

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Request approved_____Date_____

Patti Johansen, Parish Business Administrator 651-463-5221