

***Incomplete forms will be returned!***

**Due: March 1, 2024**

Return to: St. Charles Borromeo Parish Office  
Attn: Operations Manager  
3003 Dewey Avenue  
Rochester, NY 14616

**St. Charles Borromeo Church  
Joshua Opladen Scholarship  
Catholic School Tuition Assistance Application**

*Please print, use pen and answer all questions. This material is kept confidential.*

<i>Student's Last Name</i>	<i>Student's First Name</i>	<i>M/F</i>	<i>Date of Birth</i>	<i>Present School</i>	<i>School September 2024</i>	<i>Grade September 2024</i>
1.						
2.						
3.						
4.						

**Financially responsible parent/guardian:**

M/M Dr. Mr. Mrs. Miss Ms. \_\_\_\_\_  
*Last Name First Name MI*

Mailing Address \_\_\_\_\_  
*Street City/Town Zip Code*

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Signature of parent/ legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**Eligibility**

*Children in grades K-12 enrolled in one of the Catholic schools in the Diocese of Rochester are eligible to apply for tuition assistance as well as students attending any Catholic College in the U.S. Awards are based on the applicant and applicant's family meeting some or all of the following criteria:*

- Registered and supporting member of St. Charles Parish
- Active family participation in the Parish- donating time, talent and treasure
- Regularly celebrates the liturgy and sacraments at St. Charles
- Financial Need and satisfactory academic work habits.

**In the space provided below, please include a written response describing your participation in St. Charles Borromeo Parish and Community activities. If more space is needed, please attach separate sheet.**

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***In addition to your application form, please submit a copy of the following:***

- 1) A signed copy of your \_\_2022 or 2023\_\_ US Federal Income Tax Forms including copies of W-2 and 1099 forms (which substantiates your family income).
- 2) A copy of a recent student report card.

*NOTE: The amount awarded is contingent on the continued degree that the eligibility criterion is met and on the total amount available in the Joshua Opladen Scholarship Fund. Due to the forgoing, the amount awarded may be reduced accordingly.*

**For Office Use Only**

Application reviewed by the Tuition Assistance Committee on (date): \_\_\_\_\_

Approved (x) \_\_\_\_\_ Not Approved (x) \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_

Chair of the Tuition Assistance Committee (signature) \_\_\_\_\_