



St. Vincent de Paul School Hope Scholarship Application

"Learning to Love, Loving to Learn"

STUDENT INFORMATION

STUDENT'S NAME

(First)

(Last)

ENTERING GRADE

PREVIOUS SCHOOL

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME

(First)

(Last)

ADDRESS

(House/Apt)

(City)

(State)

(Zip Code)

PHONE

(Home/Cell)

(Work)

EMAIL

PRIMARY LANGUAGE

FATHER'S NAME

(First)

(Last)

ADDRESS (If Different)

(House/Apt)

(City)

(State)

(Zip Code)

PHONE

(Home/Cell)

(Work)

EMAIL

PRIMARY LANGUAGE

How did you hear about St. Vincent de Paul Catholic School?

How did you hear about our Hope Scholarships?

This application should be attached to your enrollment package and financial aid documents

I certify that all information herein is current and reflects our need for financial assistance:

Mother's Signature

Date

Father's Signature

Date

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