

**St. Anthony and St. Patrick Parish—IHC Scholarship Program – 2017-2018**

**Eligibility Criteria:**

1. Any present or prospective K-12 IHC students who are registered members of St. Anthony or St. Patrick Parishes are eligible to apply
2. The recipient must have the recommendation of the pastor
3. Scholarship will be based on financial need ( parent must complete the attached income and expense statement)

**Parent Information:**

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

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

City, State, and Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade (As of 9/17)\_\_\_\_\_

Student Name: \_\_\_\_\_ Grade (As of 9/17)\_\_\_\_\_

Student Name: \_\_\_\_\_ Grade (As of 9/17)\_\_\_\_\_

Student Name: \_\_\_\_\_ Grade (As of 9/17)\_\_\_\_\_

**Note:**

- Scholarships are awarded for one year only, and the decisions of the scholarship committee are final. However, families may re-apply for scholarships annually
- All personal information submitted to the scholarship committee will remain strictly confidential and will be destroyed following the committee’s deliberations
- Any questions regarding this scholarship should be directed to Msgr. Aucoin

**Please return this application and the required financial information to:**

Please Return to:  
Msgr. Robert H. Aucoin  
St. Anthony Rectory  
850 Arsenal St.  
Watertown, NY 13601

**APPLICATION DEADLINE: JUNE 30, 2017**

IHC Financial Assistance Application  
2017-2018  
St. Patrick and St. Anthony Parishes  
**Financial Disclosure**  
**Strictly Confidential**  
**To be attached to the application form**

Name of Family \_\_\_\_\_

Total number of people living at home \_\_\_\_\_

(1) **Total** Family Income **each month** in 2016 (all sources) \_\_\_\_\_

(2) Family expenses in 2016

Monthly Mortgage/Rent \_\_\_\_\_

Monthly Car Payment(s) \_\_\_\_\_

Other Monthly Loan(s) \_\_\_\_\_

Monthly Food \_\_\_\_\_

(2) **Total Monthly Expenses** \_\_\_\_\_

(3) Expected change in monthly income

Increase \_\_\_\_\_

Decrease \_\_\_\_\_

Reason for increase/decrease \_\_\_\_\_

Parental Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Return to:  
Msgr. Robert H. Aucoin  
St. Anthony Rectory  
850 Arsenal St.  
Watertown, NY 13601