

Caruso-Sperl Irrevocable Charitable Trust

Scholarship Application K-12

School Year 2023-2024

Application is to be **postmarked by May 5, 2023**. Parents need to submit this completed 2 page form to the host school early in order to assure the application will be returned by the designated postmarked date. ***An email confirmation will be sent upon receipt of application if an email address is provided.***

Please complete **One Application per Child**

To be completed by the parent or guardian of the applicant:

Family Applying: _____ Home Phone: _____

Student Name: _____ Grade _____

Student's Address: _____

Parents or Guardians' names (print): _____

Cell Phone: _____ Email address: _____

Email address: _____

Catholic Parish Where Registered: _____

Catholic School Name or Accredited Home School Program: _____

Signature of Parent or Guardian: _____

Your signature gives your permission for the host school or institution to release information pertaining to your child's eligibility for this scholarship.

It is your responsibility to submit the application (page 1 & 2) to the host school and provide them with an addressed envelope with postage to:

Caruso Sperl Trust
P.O. Box 148
Thayer, IL 62689

Note: Trust will pay the institution upon completion of the required attendance period, based on funds available and the number of qualifying students. Qualifying for past scholarships does not guarantee future scholarship awards. AWARDS ARE BASED ON PROJECTED FUNDS operating from the restricted stock bases at the time of notification and DOES NOT GUARANTEE AWARD AMOUNTS.

By signing here **(Parent / Guardian)** _____ **I understand the above statement and realize award amounts could change. By not signing here, the application will not be considered for an award.**

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A student from your institution has applied for a scholarship for Catholic Education (K-12). In order to determine the eligibility and possible amount of assistance, please fill out the following information. It is the responsibility of the party applying for the scholarship to provide this form with appropriate postage and envelope.

To Be Completed by the School or Institution:

Name of School or Institution: _____

Name of Applicant: _____

Name and title of submitting party: _____

Initial Tuition Cost** for the family for this student: _____
(if multiple children per family please **note the family rate or divide accordingly**)

Please list the amount of scholarships this person has received and please indicate the name of the scholarships:

1. _____ Name of scholarship: _____
2. _____ Name of scholarship: _____
3. _____ Amount of other financial assistance

Amount of net tuition for this student the family is responsible for: _____

Phone number in case of questions: _____

Address and department where scholarships should be sent:

Notice: Application must be postmarked by May 5, 2023

**** (Include the 2023-2024 tuition schedule - 1 per family)**

<https://www.sacredheartvirgen.com/catholic-education>

OFFICE USE

Date Received: _____ Qualifying Tier: _____
Amt of Tuition Approved: _____ Date of Payment: _____ Check Number: _____