

DIOCESE OF WESTERN MASSACHUSETTS

Application for Diocesan Grant for Clergy Children Educational Program

FOR OFFICE USE ONLY

Date Received _____

Approved by the Bishop _____

Eligible Grant Amount _____

Number of Grants Previously Received _____

Name of Student _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

School Attending _____

School Payment Address _____

Scholastic Semester Student is Applying for _____

Major or Program _____

Expected Date of Graduation _____

Name(s) of Parent _____

Address _____

City _____ State _____ Zip _____

Telephone Number (Day) _____ (Evening) _____

Is Parent: Full time Clergy Part-time Clergy – Number of Hours

Date Parochial Employment began in Diocese _____

Will student receive more than 50% of their support from parents during this semester?

Yes No

Will student be claimed on parent's tax return? Yes No

Signature _____ **Date** _____

Please Note: Applications must be submitted prior to the start of the semester, each semester. Students must submit a copy of the invoice for related semester with application.