

Divine Savior Tuition Grant Application

1. Please explain your family needs for a tuition grant. Include the effects of extensive medial bills, loss of jobs, disability, family/custody issues, etc.

2. Please share information regarding your child/children.
(Academic performance, participation in co-curricular activities, special needs, etc.)

3. If you have a Divine Savior student, what is his/her relationship to Divine Savior (HRS, SPPS, ST. ANNA) alumni (i.e. parents, grandparents, graduates)?

4. List your annual household salary.

\$ _____ \$ _____
Annual gross salary – household Additional income (if applicable)

Signature: _____ Phone# _____ Date: _____

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- **MUST include copies of your latest W – 2's.**
 - **Application will be considered when all forms/paperwork are submitted.**
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Deadline _____

Please submit this application to:
Divine Savior Business Office
1814 Madison Street
New Holstein, WI 53061
Attn. Principal

