

**2024-2025 SCHOLARSHIP AGREEMENT BETWEEN
SAINT MARY SCHOOL AND _____ PARISH**

Parents: Please complete the top section of this agreement and take to Saint Mary School to complete the bottom section. SMS will send the form to the parish listed below. Once the form has been signed by the parish, a completed copy will be given to the parents.

Parent/Guardian Name(s): _____

Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Registered Parishioner at: _____

Enrolling School: **Saint Mary School (Lancaster)**

Contact Name: **Bri Middaugh**

Contact's Email: bmerckle@cdeducation.org

Student's Name	Grade	Tuition	Parish Scholarship

Enrolling School:

Signature: _____

Name: _____

Title: _____

Parish:

Pastor

By signing this form, I give permission for SMS to share our poverty level bracket with the parish listed above to determine scholarship amount.