

**St. Joseph Catholic Church**  
**121 E. Maple Avenue, Libertyville, IL 60048**  
**RELIGIOUS EDUCATION SCHOLARSHIP FORM - School Year \_\_\_\_\_**

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

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

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

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\*other children please write on the back.

My family is asking for (please circle):    Full Tuition    Partial Tuition    or    \$ \_\_\_\_\_

Our Total Tuition is: \$ \_\_\_\_\_ We can pay: \$ \_\_\_\_\_

We would like to help volunteer as a (please circle): Security/Office Help/Catechist/Co-Catechist

Other help (baking, crossing guard etc.) \_\_\_\_\_

We are asking for assistance through the Guardian Angel Fund because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Amount: \_\_\_\_\_

Any questions or concerns please call the Religious Education Office at 847-990-1235.