

(Please print)

DIOCESE OF WASHINGTON
APPLICATION FOR CLAGGETT FUND GRANT (2019-2020)

Name _____

Address _____

Phone _____ Date _____

INCOME: (Please use yearly gross amounts)

Husband's Salary: _____

Wife's Salary: _____

Other Sources:
(Include retirement, child support,
interest and expense accounts,
honoraria, etc.) _____

TOTAL INCOME: _____

EXPENSES: (Please use yearly amounts.)

Housing:

___ Mortgage ___ Rent ___ Parish Provides _____

Mortgage Life Insurance _____

Property Insurance _____

Major/Minor Repairs (specify) _____

Utilities _____

Other Household Expenses (food,
clothing, entertainment, travel, etc.) _____

Loan Payments (Other than housing) _____

What amount is for school/college purposes? _____

Medical Costs (specify if desired) _____

Life Insurance Premiums _____

Automobiles 1 _____, 2 _____, more _____
Vacation Home or Recreational Vehicle _____
Other Expenses you wish to include (specify) _____

TOTAL EXPENSES: _____

Have you applied for other scholarships? Please list source and amount:

Have you applied for educational loans? Please list source and amount:

Does the student who will receive the grant earn part of his/her tuition or living expenses?

Yes/No Amount: _____

Total number of children in household: _____

<u>Children's names</u>	<u>School Name/Grade</u>	<u>Tuition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach any comments or additional information.

To insure confidentiality, please return only in the enclosed envelope.

APPLICATIONS MUST BE RECEIVED BY APRIL 26th