



* Parishioner Scholarship Application

Applicant Family Name: _____

Address: _____

Phone Number: _____

Student's Name: _____ Entering Grade: _____

Student's Name: _____ Entering Grade: _____

Student's Name: _____ Entering Grade: _____

Student's Name: _____ Entering Grade: _____

We are currently registered members of: _____ We are not members of the listed churches

_____ St. Matthew's Catholic Church

_____ St. Catherine's Church

_____ Most Holy Redeemer Church

_____ Newly registered members

We are registered parishioners: Check each that apply

_____ Attending Mass _____ We are not contributing

_____ Contributing \$20 per week/52 weeks per year

_____ Envelope / Faith Direct Number _____ (fill in the #)

_____ Agree to these terms required for the parishioner scholarship

Parent Signature: _____ Date: _____

* All scholarships are distributed directly to tuition

St. Matthew's Catholic School is a community where the paths of Faith and Knowledge come together guiding us through life

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