

## St. Joseph the Worker: Educational Endowment Request for Religious Education Assistance

Family name \_\_\_\_\_ Date \_\_\_\_\_

***Mother, Stepmother, or Female guardian***

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Parish \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

***Father, Stepfather, or Male Guardian***

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Parish \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

***Parents' Marital Status:***

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Both Deceased \_\_\_\_\_

If parents are divorced or separated, who has legal custody of the children? \_\_\_\_\_

***St. Joseph the Worker parish involvement has included:*** \_\_\_\_\_

<u>Student Name</u>	<u>Age</u>	<u>Grade</u>	<u>School/Location</u>	<u>Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any special circumstances (financial or otherwise) which precipitate this request? \_\_\_\_\_

Total Costs: \_\_\_\_\_ Requested amount: \_\_\_\_\_

**Return this form to St. Joseph the Worker, 60 South Algona St., Dubuque, IA 52001**

OFFICE USE ONLY:

Approved by \_\_\_\_\_ Amount approved \_\_\_\_\_ Date approved \_\_\_\_\_