

## Service Scholarship application

*This application must be filled out by the parent/guardian of the student-applicant.*

Parent/guardian completing the application: \_\_\_\_\_

Student(s) for whom the waiver is being requested and their grade level: \_\_\_\_\_

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I have:

\_\_\_\_\_ Completed online application for admission to Holy Cross of San Antonio

\_\_\_\_\_ Claimed child(ren) as legal exemption on most recent federal income tax return

\_\_\_\_\_ Submitted Hope for the Future application

Current employer: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Position: \_\_\_\_\_

I, \_\_\_\_\_ (print name), verify that all information on this application for the Service Scholarship is accurate and correct.

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

*Provide a copy of your last two check stubs stapled to this application as proof of employment.*

Leave blank - to be completed by Holy Cross of San Antonio:

Director of enrollment: \_\_\_\_\_ Date: \_\_\_\_\_

Business office: \_\_\_\_\_ Date: \_\_\_\_\_

Service Scholarship granted: \_\_\_\_\_ Yes \_\_\_\_\_ No

Scholarship processed by business office: \_\_\_\_\_ Yes \_\_\_\_\_ No