

St. Joseph Parish SCRIP Information Sheet

PRIORITY DISTRIBUTION WILL BE GIVEN TO FAMILIES WHO ARE ACTIVE PARTICIPANTS

Please fill out the following information for our records:

Family Name: _____

Address: _____

Name(s) of Children	School or Program	Grade for upcoming school year
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	
	SJY/RE/YC/PS	

* SJY=St. Joseph Elementary School, RE=St. Joseph Religious Education Program, YC=York Catholic High School, PS=Post-Secondary or Trade School

Please direct our SCRIP SCHOLARSHIP to the following:

SJY TUITION ACCOUNT FOR THE FOLLOWING FAMILY: _____

RELIGIOUS EDUCATION TUITION ACCOUNT FOR THE FOLLOWING FAMILY: _____

YORK CATHOLIC TUITION ACCOUNT FOR THE FOLLOWING FAMILY: _____

POST SECONDARY SCHOOL TUITION ACCOUNT FOR THE FOLLOWING STUDENT: _____

TUITION ACCOUNT NUMBER (if known): _____

SCHOOL ADDRESS: _____

SJY SCHOOL

SJY CHURCH

SCHOLARSHIPS WILL BE APPLIED IN THE FOLLOWING ORDER: ST. JOSEPH SCHOOL, ST. JOSEPH RELIGIOUS EDUCATION, YORK CATHOLIC, POST-SECONDARY OR TRADE SCHOOLS

BY CHECKING THIS BOX, YOU UNDERSTAND THAT YOU MUST PURCHASE A MINIMUM OF \$1000 IN ORDER TO BE ELIGIBLE FOR ANY SCHOLARSHIP FUNDS

Signature: _____ Date: _____