



*Turning taxes into tuition with the
Catholic Community Foundation*

***Angel Scholarship Tuition Assistance Application
2024-25 School Year***

I acknowledge that I am applying for tuition assistance from the Angel Scholarship Fund. The source of this financial assistance is contributions that have been designated to my school that are to be applied toward my child's/children's tuition balance. I understand that completing this application does not guarantee a tuition assistance award as funds are limited and awards are based on family financial need. I certify that all financial information provided for Angel Scholarship Tuition Assistance is true and correct.

School Name: Lakewood Catholic Academy

Child Name(s) _____

Parent Name(s) _____

Date _____

Household Income Verification

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Please list all students enrolled below:

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

_____ Household size *Please include all dependents in the home.*

Indicate the income range of your total household annual income below:

- | | |
|------------------------|-------------------------|
| • Under \$20,000 | • \$100,000 - \$120,000 |
| • \$20,000 - \$40,000 | • \$120,000 - \$140,00 |
| • \$40,000 - \$60,000 | • \$140,000 - \$160,000 |
| • \$60,000 - \$80,000 | • \$160,000 - \$180,000 |
| • \$80,000 - \$100,000 | • \$180,000 or higher |

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date