



## 2026 Student Scholarship Organization Tax Credit

Last 4 Digits - Social Security Number or FEIN Number: \_\_\_\_\_

Email address:

First Name:

Last Name:

Phone Number:

Physical Address:

Street:

City:

State:

Zip Code:

Mailing Address: (If different than Physical Address)

PO Box:

City, State:

Zip Code:

Please direct my donation to: (Please initial)

\_\_\_\_\_ High School Campus

\_\_\_\_\_ East Campus

\_\_\_\_\_ West Campus

Donation Amount: \_\_\_\_\_ Check # \_\_\_\_\_

(The check must be made out to St. Patrick's Academy with "Student Scholarship Organization" in the memo line. The check must be received prior to January 21, 2026).

\_\_\_\_\_ Initial if you are willing to let St. Patrick's Academy release your donation information.

How would you like your name(s) listed for recognition: