



## Religious Education Scholarship Application 2025

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELIGIOUS ED (RE) PROGRAM PLANNING TO ATTEND:

\_\_\_\_\_

WHICH PARISH DO YOU REGULARLY ATTEND?

\_\_\_\_\_

HOW WOULD AN RE SCHOLARSHIP HELP YOUR FAMILY?

\_\_\_\_\_

NAMES/AGES OF KIDS ATTENDING RE:

\_\_\_\_\_

ESTIMATED COST OF RE:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT

DATE

\*Please return completed applications to John at [johnquistat@gmail.com](mailto:johnquistat@gmail.com) or to your parish office