

# The Mary C. Forbes Foundation

**2022-2023**

## **APPLICATION FOR SCHOOL SCHOLARSHIP ASSISTANCE**

**Original application required to be filed for each student**

**All questions must be completed or application may not be considered**

### PERSONAL INFORMATION

Name of Student \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
No/Street

City State Zip

Telephone Number \_\_\_\_\_

Sex (Circle one) Male Female

Parish Affiliation \_\_\_\_\_

Name of School and Grade entering 2022-2023: \_\_\_\_\_

Name of Parent/Guardian with whom student resides: \_\_\_\_\_

Last First  
Address: \_\_\_\_\_

No/Street City State zip

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

List the other children in your family:

Name Age 2022-2023 School

\_\_\_\_\_

\_\_\_\_\_

### FINANCIAL INFORMATION

**(No electronic filing form is acceptable. Copy of a full return is require.)**

1. Did Parent file a Federal Income Tax Return for 2021 year? Yes No

D'Arcy R. Clarie, Trustee  
7226 13<sup>th</sup> Avenue, North  
St. Petersburg, Florida 33710  
Phone (727) 560-6788  
Facsimile (727) 344-6659  
Email: [info@marycforbesfoundation.com](mailto:info@marycforbesfoundation.com)

Page 2. APPLICANT NAME \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

2. If yes, please UPLOAD a complete copy signed copy with all schedules and W-2 forms. If you are unable to upload the tax return and schedules, please mail it to the following address:

Mary C. Forbes Foundation, c/o Mrs. Joanne Clarie, 7226 13<sup>th</sup> Avenue North, St. Petersburg, Florida 33710. YOU MUST PUT THE SCHOOL AND YOUR CHILD'S NAME ACROSS THE TOP OF THE INCOME TAX AS I FILE BY THE SCHOOL'S NAME AND THEN THE CHILD'S NAME.

(If parents are divorced or separated, and have joint custody, each parent must submit a 2021 1040 return.)

3. Is either parent self employed in their own business? Yes \_\_\_\_\_ No \_\_\_\_\_
4. If yes, please indicate the amount withdrawn from the business earnings to the parent as personal or family income? \_\_\_\_\_
5. If self-employed, what personal expenses are already paid from your business, (i.e. mortgage, health insurance, vehicle expenses, taxes, etc.) \_\_\_\_\_
6. Do you receive additional income, which is not recorded on the tax form, including but not limited to, **child support payments, alimony, AFDC, Medicaid benefits, SSI or Social Security or Veterans Administration benefits?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**PLEASE UPLOAD PROOF (Cancelled check, SS statement, etc.).** If yes, please indicate type of benefit and amount received yearly.
7. If you did not file a 2021 Federal Tax Return, please state reason for not filing. \_\_\_\_\_
8. What amount of the school tuition did you actually pay from your own funds for the student in the previous year? \_\_\_\_\_
9. Do you receive additional financial help from family members or friends to help with the tuition?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. If you receive scholarship aid in the school year 2021-2022, please list the scholarship and name amount that your child received. \_\_\_\_\_

**TO BE ELIGIBLE FOR THIS SCHOLARSHIP, THE APPLICANT MUST BE AN ACTIVE PRACTITIONER OF THE ROMAN CATHOLIC FAITH CRITERIA:**

DATE CHURCH/ADDRESS

BAPTISM \_\_\_\_\_  
RECONCILIATION \_\_\_\_\_  
HOLY EUCHARIST \_\_\_\_\_  
CONFIRMATION \_\_\_\_\_

CERTIFICATION OF PARENT/GUARDIAN: I hereby certify that the information submitted is true and correct, and I will notify the school and Trustee of the Foundation of any changes in my personal or financial circumstances from the information provided in this process.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
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