



**2023-2024 St. Gabriel School Angel Grant Application**

I wish to apply for the St. Gabriel School Angel Grant for the following students:

Student name	Incoming grade
_____	_____
_____	_____
_____	_____
_____	_____

Any family is eligible for the grant as long as they have completed the process to register for FACTS, have completed all Final Forms online, and have paid the 2023-2024 school year family registration fee.

**Please check one: We are...**

- St. Gabriel parishioners
- St. John, West Chester parishioners
- St. Max, Liberty Township parishioners
- Non-parishioners

*\*Parishioner status will be verified by each parish.*

*Grant amounts are as follows:*

- Kindergarten parishioners: \$750 grant
- Grades 1-8 parishioners: \$850 grant
- Kindergarten non-parishioners: \$50 grant
- Grades 1-8 non-parishioners: \$150 grant

***Angel Grants will be awarded upon completion of this application form.***

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School District: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*For office use only:* Family award issued \_\_\_\_\_