



# Trinity Academy

## Saint Gianna Beretta Molla Family Scholarship Application

### Parent Information

Parent/Guardian Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Student Information

Name (Child 1): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (Child 2): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (Child 3): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (Child 4): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (Child 5): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (Child 6): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (Child 7): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_



Catholic Parish: \_\_\_\_\_

Involvement in Catholic Parish (provide details):

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**Financial Information (Optional):**

Family Size: \_\_\_\_\_

Total Annual Household Income: \$ \_\_\_\_\_

Financial need justification:

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Additional Information:

Why are you applying for the Saint Gianna Beretta Molla Family Scholarship? (250 words or less)

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**Declaration:**

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that the Saint Gianna Beretta Molla Family Scholarship Committee may verify the information provided in this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit your completed application and any supporting documents to:

Saint Gianna Beretta Molla Family Scholarship Committee  
W225N3131 Duplainville Rd.  
Pewaukee, WI 53072

The deadline for submitting your application is April 28<sup>th</sup>, St. Gianna Beretta Molla's Feast Day. Incomplete applications will not be considered.

For any questions or inquiries regarding the scholarship application process, please contact our office at **(262) 695-2933**.