

**SOCIETY OF ST. VINCENT DE PAUL - ST. LOUIS COUNCIL
EMERGENCY EDUCATIONAL FUND
APPLICATION FORM**

Application Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Work Phone: _____

Number in household: _____ **Number of dependents:** _____

Annual Income: _____ *(Please attach pay stubs equal to one month's salary.)*

Other Income: _____ *(i.e.; child support, pension, social security, etc.)*

Name & address of school student attends: _____

Grade level of student: _____ **Amount of tuition requested:** _____

Please provide a brief description of the situation that necessitates the application for these funds:

Approved on _____
(Date)

Approved by: _____

(Name and title)